DOCUMENT RESUME

ED 109 535 CG 009 940

TITLE Task Force on Responsible Decisions about Alcohol, Interim Report Number 1. Summary, Technical Document, and Reports on Working Conferences.
INSTITUTION Education Commission of the States, Denver, Colo.
PUB DATE [74]
NOTE 80p.
AVAILABLE FROM Education Commission of the States, 300 Lincoln Tower, 1860 Lincoln Street, Denver, Colorado 80203 (HC-$2.00)

EDRS PRICE MF-$0.76 HC-$4.43 PLUS POSTAGE
DESCRIPTORS *Alcoholism; *Drinking; Drug Abuse; *Program Evaluation; Research Projects; Socially Deviant Behavior; *Social Problems

ABSTRACT

In 1974, the Education Commission of the States (ECS) began to develop an innovative program to involve the total education system in seeking solutions to one of society's oldest problems--alcoholism. This report reviews the first year's activities of the task force, presents preliminary findings and outlines goals for the coming year. To provide many perspectives in viewing the issues, the task force was chosen from a broad cross section of leadership throughout the nation. Specifically, the task force determined: (1) alcoholism has a direct relationship to daily living experiences; (2) efforts to establish an effective mechanism to prevent alcohol-related problems have fallen short because the focus of the efforts has been too narrow; (3) the ability of citizens to make responsible decisions regarding use of alcohol relates directly to the individual's general decision-making competence; (4) human service programs generally suffer from the lack of an effective delivery service; (5) no clear assessment of how genetic, physiological, psychological, and societal factors influence the problem has been determined; and (6) present prevention services have limited effectiveness. (Author/HMV)

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Interim Report Number 1

(A Summary)

TASK FORCE ON RESPONSIBLE DECISIONS ABOUT ALCOHOL

Responsible Decisions about Alcohol
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Introduction

One year ago, the Education Commission of the States (ECS) began to develop an innovative program to involve the total educational system in seeking solutions to one of society's oldest lingering problems—alcohol abuse and alcoholism. The formation of the Task Force on Responsible Decisions about Alcohol signalled a commitment on the part of the nation's educational system to mobilize its resources and capabilities to deal with the problem. This report reviews the first year's activities of the task force, presents preliminary findings and outlines goals for the coming year.

The Task Force: Its First Year

ECS was created to bring new ideas to the nation's educational system and to mobilize the states to deal more effectively with educational matters. Creation of the Task Force on Responsible Decisions about Alcohol was not only consistent with the purpose of the commission but was also a proper and logical implementation of the mandate under which ECS operates.

Organization of the task force grew out of a recognition by the commission of the following: 1) there were two responsible decisions a person could make about alcohol: not to use it or to use it responsibly, 2) the educational process had a major role to play in assisting our nation's people to learn how these responsible decisions can be made and 3) previous educational approaches had been too limited and narrow in scope. Further, it was thought that too much of the approach to the problem of alcohol mis-

use was treatment-oriented and not enough was prevention-oriented. Treatment of the problems of alcohol after they occur constitutes essentially a defensive posture. Thus, it was determined that a major contribution to meeting the problems of alcohol abuse could be achieved by probing into the types of societal factors that cause people to turn to alcohol and by presenting alternatives that could reduce dependence upon alcohol as a means of coping with pressures of society. Therefore, the task force established as its purpose the investigation of alcohol abuse and alcoholism in the context of the experiences of daily life and the patterns of living that hour-by-hour, day-by-day decisions establish.

The structure of the task force and selection of its early activities were critical to achieving its purpose. To provide many perspectives in viewing the issues, the task force was chosen from a broad cross section of leadership throughout the nation. In addition, the task force called upon, involved and heard presentations from researchers, members of the business community, legislators, educators, administrators and others who have a direct interest in preventing alcohol-related problems. The task force was encouraged to discover how extensively individuals and organizations were willing to participate in and commit their resources to the task force effort.

Initial study of the problem consisted of task force inquiries and working conferences bringing together various people

concerned with the prevention of alcohol abuse. Representatives of the south-eastern and western states and territories were also involved in regional working conferences. These encounters produced a general overview of the problem, some proposed solutions and an open exchange of ideas which guided the task force. During the first year, the task force examined research findings, public understanding of the problem, prevention services and delivery of those services.

Preliminary Findings

The task force established clearly the validity of its original assumption: prevention approaches to alcohol-related problems must encompass a full consideration of the causes. To consider these causes, the task force embarked on a broad examination of the day-to-day pressures that might lead persons to alcohol misuse.

Specifically, the task force determined:

1. Alcohol abuse and alcoholism have a direct relationship to daily living experiences. It is incorrect to assume that there is a single set of conditions—sociological, psychological or physiological—that lead to alcohol-related difficulties. Rather, it is the interrelationship of these conditions, as well as their singular impact on the individual, that lead to alcohol misuse. However, up to now even basic research has tended to examine the problem narrowly.

Thus, society has for years dealt with the symptoms of the problem but not

with the real causes. It has tended to isolate questions of alcohol abuse to consideration and treatment of its **immediate** and **specific** aspects and has misjudged the totality of the problem.

2. Efforts to establish an effective mechanism to prevent alcohol-related problems have fallen short because the focus of the efforts has been too narrow and the target areas have been too restricted.

Programs now operated through the nation's educational system serve a purpose but do not accomplish all that needs to be done. These programs have merit, but their effectiveness can be greatly improved. Since alcohol-related problems originate in the mainstream of society, prevention efforts should likewise be related to the institutions that compose that mainstream. In addition to the nation's public and private schools, means of preventing alcohol-related problems should also be conveyed through such agents as the family, peer groups, mass media, business and industry, government agencies and clubs. These institutions, agencies and individuals, working with the nation's schools, make up our total educational system. It is this system—the "total system"—that should be involved in the design and operation of a primary prevention program.

3. The ability of citizens to make responsible decisions regarding the use or non-use of alcohol relates directly to the individual's general decision-

making competence. Thus, efforts to develop prevention programs are dependent upon a general upgrading of decision-making abilities of those citizens who are targets of the programs.

4. Human service programs throughout the nation generally suffer from the lack of an effective delivery system. There is technical and substantive excellence in many areas of human service—education, health, housing, and others—but the effectiveness of each is limited by its delivery mechanisms. Consequently, many excellent services, both public and private, do not reach those who need them. The task force has found this weakness particularly in many primary prevention services designed to eliminate alcohol abuse, alcoholism, and problems related to other daily living experiences.

5. Much research has already been conducted in the identifiable causes of alcoholism and alcohol abuse; influences such as genetic, physiological, psychological and societal have been identified. Out of this research, however, has not come any clear assessment of the extent to which these factors influence the problem. Also, there is little information regarding the interrelationship of these factors and their cumulative influence. Current research efforts do have a broader focus and offer hope for a more comprehensive approach in the future. Research findings to date indicate the need for primary prevention strategies

which take into account and build upon the interrelationship of all causes and influences.

6. Present prevention services designed to eliminate alcohol abuse have limited effectiveness. They are limited because of their narrow focus and their service delivery methods. The focus must be upon the broader spectrum of daily living experiences—not just alcohol but other day-to-day happenings like family and career experiences which set the stage for problems like alcoholism. In addition to a broader perspective on prevention, more effective ways of helping people learn and of reinforcing daily living competencies must be identified and implemented.

GOALS

Based on the above findings, the task force is prepared to move into a review of prevention service and service delivery. Having identified general flaws and weaknesses in prevention programs, the task force sees as its major goals:

1. Identification of effective programs that deal with and try to prevent alcohol-related problems in the context of daily living experiences
2. Identification and improvement of delivery system alternatives for these prevention strategies so that community-based institutions and individuals, as well as the formal educational system, are involved in the prevention process
3. Seeking improvement of present re-

search efforts and reorientation of these efforts consistent with task force findings.

4. Presentation to the states of alternative ways to develop and implement effective prevention programs.

5. Alerting the public in general and the decision-making leadership in particular of new approaches being identified by task force inquiries and activities. This will be done in a variety of ways, including use of the mass media.

Conclusion

Alcohol abuse, like other drug abuse, is a many-faceted problem. And—like drug abuse—solutions to the problem have been impeded by failure to understand the comprehensive nature of it. Much progress has been made in recent years in broadening society's attitudes and approaches. Only a few years ago, because of social scorn and misunderstanding, there was a widespread tendency to conceal and hide the facts. Alcoholism itself was thought to be something of a limited and special type of problem. For the most part, society preferred to ignore its existence or, at best, to give it low priority among social needs. Yet the use—and misuse—of alcoholic beverages is prevalent throughout our society.

In recent years, however, new social attitudes have brought alcohol-related problems out into the light. Under these new conditions, society can attempt to make a realistic evaluation of these problems without the traditional impediment of unfavorable judgment from many

people. Progress has already been made in the development of treatment centers, new laws regarding alcohol abuse and more realistic regulations on the sale of alcoholic beverages. The problem has been identified and recognized as one having many facets and shadings.

As the task force sets out to develop realistic strategies to prevent alcohol-related problems, it is with the understanding that seeking the causes—and prevention—of alcoholism and alcohol abuse will require following a long and twisted path. Some research is under way which is beginning to trace that path, but far more complete and comprehensive information is needed before substantial progress can be made.

The task force will endeavor to expedite that undertaking by directing efforts and attentions to the core of the problem: the mainstream of American life today. By endeavoring to find the relationship between alcohol abuse and the daily lives of Americans, the task force can provide the kind of information from which realistic and effective prevention programs can be built. One key to reducing the impact of alcohol misuse in our nation is to determine what makes the average citizen turn to alcohol during the course of a normal day. America has made much progress in the treatment of many alcohol-related problems. The task before us now is one of prevention.

Acknowledgments

The task force is especially grateful to Morris E. Chafetz, M.D., director of the

National Institute on Alcohol Abuse and Alcoholism, for his personal support and guidance throughout the first year of operation. Also, special thanks are directed to the following staff of the institute: Kenneth L. Eaton, deputy director; Donald G. Phelps, director of the Division of Prevention; and Edward S. Sands, special assistant to the director of the Division of Prevention. To the nation's Congress for leadership in recognizing the alcohol problem, especially Senator Harold E. Hughes and Representative Paul G. Rogers, a special note of thanks is given.

Governor Reubin O'D. Askew of the state of Florida and past chairman of the Education Commission of the States provided the initial leadership to make this effort by the nation's educational system possible. The task force inquiries and working conferences have been hosted by the District of Columbia, South Carolina, Florida, New Mexico, Tennessee and California. To each state; to Governors Askew, Bruce King, Winfield Dunn and Ronald Reagan; to state education departments; to state alcohol authorities, as well as to many other state people, the task force would like to express appreciation for their considerable effort and leadership. The task force would like to express gratitude to the many other state people who committed themselves to assisting this effort. To the many other individuals who have significantly contributed so much information and energy, the task force is extremely grateful.

John C. West
Governor, the State of South Carolina

The Education Commission of the States is a non-profit organization formed by interstate compact in 1966. Forty-seven states and territories are now members. Its goal is to further a working relationship among state governors, legislators and educators for the improvement of education. The Commission offices are located at 300 Lincoln Tower, 1860 Lincoln Street, Denver, Colorado 80203.

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TASK FORCE ON RESPONSIBLE DECISIONS ABOUT ALCOHOL

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Interim Report Number 1

(Technical Document)

The Education Commission of the States Task Force on Responsible Decisions about Alcohol is funded in part by the National Institute on Alcohol Abuse and Alcoholism HEW Grant No. 1 R18 AA01791-01.

The logical order for reading this technical document:

a. Interim report #1 (summary—please find in pocket)

b. Interim report #1 (technical document—the technical report itself)

c. Appendices in technical document

d. Summaries of Western and Southeastern Regional Conferences (please find in pocket)

INTERIM REPORT NUMBER 1:

TECHNICAL DOCUMENT

January, 1975

EDUCATION COMMISSION OF THE STATES

TASK FORCE ON
RESPONSIBLE DECISIONS ABOUT ALCOHOL

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I. CONCEPTUAL FRAMEWORK

The conceptual framework presented in this document consists of a description of the relationship of alcohol abuse and alcoholism to daily living experiences, and what we mean by the educational system, primary prevention, responsible decision making and the human services approach. This framework helps place in perspective the problem and how it might be resolved. Within this framework, we have synthesized the research findings, public perceptions of the problem and the alternative prevention services and prevention service delivery systems we have reviewed to date. (For a more detailed discussion of the task force goals, objectives and the proposed methods for their accomplishment, see Appendix A).

A. The Human Services Approach

We have chosen the terms "user," "service" and "service delivery system" to describe the elements of the nation's human services approach. "User" refers to the individual receiving the service. The substantive element that the user receives is called "the service." Examples of a service are a reading program, a penicillin injection, a values clarification program, a recreation program and mental health counseling. The way in which the user obtains the service is referred to as "the service delivery system." For example, sometimes the user must go to a public health clinic for a penicillin injection; at other times, a private physician gives the injection, and the user may have to pay for the service.

In most areas of human need, our nation has developed a wide range of services, the majority of which are technically excellent. However, citizen access and acceptance of many of these services are less than desirable. There are services designed to prevent people from being overwhelmed by problems that occur in life — career failure, alcohol abuse, family disruption, for example, but people do not take full advantage of these services. High or low cost, convenience or inconvenience, familiarity or strangeness of the people and setting offering the service are some of the factors affecting the delivery of human services to those who need them.

The nation's reliance upon private and public institutions for delivery of human services has not encouraged the development of alternative service delivery systems that would rely not only upon institutions but also on other social entities such as the family, community groups and volunteer organizations. Educational services with a primary prevention focus that are delivered only through institutionally-based delivery systems are not so effective in accomplishing their service goals as they might be. To be effective, educational services should use a multiplicity of delivery mechanisms, particularly those service delivery techniques that make the service relevant and acceptable to the user. Excellent services without an effective delivery system may make the implementation of primary prevention programs impossible.

In designing and implementing an alcohol abuse and alcoholism primary prevention system, the concept of a human services approach should be understood and considered. There are two major components: the service and the service delivery system. Making this distinction permits an examination and analysis of what services are effective and available apart from the delivery system. The delivery systems used in primary prevention services can be reviewed in this way as well.

We have defined the elements in alcohol abuse and alcoholism primary prevention services and delivery systems as follows:

1. The Service

a. Information: the basic information in the service, such as knowledge of human behavior, information on what reactions the body has to various substances or accepted cultural traditions

b. Skills: the competencies that are transmitted through the service, such as the ability to evaluate conflicting sources of information, weigh alternative causes of action or get and hold a satisfying job

c. Presentation Style: the referents used in transmitting the service, such as scare tactics, peer pressure or working together toward a mutual goal

d. Learning Model: the specific learning approach utilized in the service, such as guided discovery, behavior modification or competency-based.

2. The Delivery System

a. Administrative Structure: agency or agency structures responsible for designing and implementing the services and service delivery system, such as a mental health clinic, a public school, a religious institution or a community organization

b. Service: the specific service transmitted to the users through the delivery system, such as psychological services, physical fitness techniques or historical information

c. Communication Facilitation: the specific communication style of the delivery system such as direct instruction, modeling or social context affecting attitudes

d. Communication Mode: the communication method of the delivery system, such as people talking to each other, television presentations, articles in newspapers or demonstrations

e. Feedback: the specific process for transmitting information between the user and technician responsible for the design and redesign of the services of the delivery system, such as lack of attendance at a group meeting, verbal or written evaluation of a workshop, or the expression on another person's face during a conversation

f. Reinforcement: the methods the delivery system uses to strengthen desired behavioral outcomes in the user, such as praise, grades, acceptance, rejection, or personal satisfaction

g. Monitoring: the process for following or evaluating service delivery progress of the delivery system, such as accountability programs, tracking of social indicators and collection of relevant data

h. Normative: the formal and informal controls of the delivery system that help structure specific delivery system processes, such as laws, amount and source of financial backing, traditions and expectations.

In the next section of this report, these descriptions of elements of alcohol abuse and alcoholism primary prevention services and delivery systems are utilized as a basis for analyzing the status of primary prevention efforts.

Summary

Our nation has made major investments in the design and operation of varying kinds of human services. These investments have resulted in services, ranging from health to housing programs, that have considerable technical competence, perhaps as great as any in the world. Educational services designed to develop basic skills such as reading and computation are technically excellent. However, the effectiveness of the delivery of these services, whether they be health, housing or education, is limited. The delivery of services refers to the way in which their intended users acquire access to them. Our delivery systems appear to lack imagination and technical competence; consequently, many excellent services, both public and private, are of little use as they cannot be made available to their intended users in an effective manner. We find this to be the case with respect to primary prevention services designed to eliminate alcohol abuse, alcoholism and other problems related to daily living experiences.

B. Alcohol Abuse and Alcoholism in the Context of Daily Living Experiences

Beginning at a very early age and continuing throughout life, every person is faced with making decisions. Some of these decisions affect only the course of that person's life; many of them also impact on those with whom that person lives, works or spends leisure time. The decisions made in daily life are based on and influenced by factors such as values held, experience, current information, intuition or pressures of peer or reference groups.

In the experiences of daily life, an individual interacts with other segments of society: the family, coworkers, public and private institutions and organizations, providers of goods and services. How the individual responds to the opportunities, frustrations, choices, responsibilities, pressures and joys of daily life and why a decision is made to respond in a particular way need to be investigated.

To survive in the increasingly complex society in which we live requires a certain capacity to manage and cope with a variety of situations. If one had unlimited resources (time, money, information, people) and if one acted independently from the rest of society, making decisions would be far easier. Yet the reality of life is that we are both limited in our resources and interdependent. Therefore, the methods we choose for coping with reality may be in the best interests of the individual and society or they may negatively affect the individual or society.

What factors determine how and why one responds to a particular situation? Certainly the amount of information one has affects many decisions.

But what one does with that information can have either positive or negative consequences. Many factors influence decision making: one's own attitudes, the attitudes of others, the skills one has for carrying out a decision, who else is involved, cost, habits and the importance of the decision.

The response a person makes to a given situation in life might be thought of as a separate or isolated decision. In reality, there is often a relationship between the separate situations that are responded to. For example, a problem perceived as an educational problem may, in fact, contain elements of health, employment, housing or family living. How one responds may be affected by how many of these elements are acknowledged and what options are available for dealing with them effectively

People will be faced with daily living decisions continually as long as they live. Some may misuse alcohol as a response. However, energies must be focused on insuring that people have personal and societal resources from which they can draw, so that the option to make a responsible decision is there.

Summary

"Daily living problems" is a phrase we have used to describe the many difficulties that can occur in day-to-day living, such as alcohol and other drug abuse, career failures and family disruptions. These are problems that occur as a result of the decisions individuals make in the course of their daily lives.

The term "problem," whether it be alcohol abuse or other types of severe problems in life, is used to imply the impairment of an individual's physiological or psychological functioning to the extent that goals of the individual and/or society are unattainable.

C. The Educational System

The educational system is usually thought of as consisting of the nation's public and private schools, colleges and universities. Society has elected to commit a large portion of its educational resources to these major institutions to equip people with essential capabilities and skills.

We have determined that to view the educational system as only public and private schools, colleges and universities is far too narrow a concept. If the educational system is viewed as a learning or socialization process, there are at least five distinct elements that contribute to human development. They are:

- The nation's schools and institutions for schooling: public and private schools, colleges and universities
- Families: parents, their children and other relatives
- Peer and reference groups: identity and interest groups, respectively
- Community influentials: religious organizations, civic groups, business and industry, unions

- Special interest organizations: associations such as the Parent-Teachers Association, National School Boards Association, Women's Christian Temperance Union, the mass media.

We consider these five elements to be the primary socialization agents of the educational system. Even though society has elected to channel most of its educational resources to schools, colleges and universities as a means of directing human development, it does not preclude using the socialization capabilities of the other four elements. Although there seem to be no comprehensive research studies to support the thesis that families, peer and reference groups, special interest organizations and community influentials are more powerful than schools, universities and colleges, there are many highly focused research studies that do indicate the major role these socialization agents and agencies play in human development.[1]

There are many indications that integration of the five socialization elements into varying learning systems affords greater effectiveness.[2] For example, parental education and involvement in early childhood education enhances what a school or center does. The community education movement has provided considerable leadership in utilizing and involving community people in the learning process. Special emphasis is given to community educational needs as identified by the educational service users of each community and to integrating those needs with the varying resources of the community.[3]

Preparing our nation's citizens to manage and deal adequately with experiences in their daily lives is a task assigned not only to educational institutions but also to other public and private organizations. The family, religious groups, the mass media, business and industry certainly must be counted among the more obvious systems. Others include organizations whose primary functions are health and social welfare. A cooperative approach to information dissemination, instructional techniques, methods for changing behavior and attitudes, and implementation would make the assigned task easier. Also, the individual needs to be involved in planning the educational experiences that will affect his/her life.

We find that if alcohol abuse and alcoholism as well as other daily living problems are to be prevented, the total educational system—not just schools, colleges and universities—must be utilized. Daily living involves encounter and interaction with all five elements of the educational system, so each element should help people learn how to manage their lives and prevent overwhelming problems. Integrated delivery systems that use family members, peer groups and other socialization agents offer ways of increasing the effectiveness of existing prevention services.

Summary

The educational system of our nation is usually narrowly viewed as a system that consists of formal schooling in public and private schools. Human learning and socialization occur not only in formal school settings but also through experiences with the family, peer and reference groups, special interest organizations and community influentials. Therefore, the total educational system, including each socialization agent, should be used in alcohol abuse and alcoholism primary prevention programs. We find little evidence to indicate that the total educational system is being used in prevention programs.

D. Primary Prevention

Our investigation of the nation's efforts to prevent alcohol abuse and alcoholism indicates that efforts to date are weak, diffused and generally ineffective, although well intended. This is not an unexpected finding, since we live in a society that utilizes crisis intervention as its primary approach to survival. This assertion is not new but is well described in behavioral sciences and in the literature of social critics.[4]

It appears that our forward planning as a nation has not been too effective in forestalling problems. Most planning focuses on how to cope

with the status quo: crisis intervention. Thus, problems that arise in the daily lives of citizens are dealt with on a crisis basis. Strategies for dealing with crises are needed, of course, but treatment of problems does not prevent these problems from recurring. The costs associated with daily living problems that recur are believed to be extensive and counterproductive to the best interests of society and the individual.[5]

In the case of alcohol abuse, only a small portion of the resources committed to resolving this problem go to primary prevention. Primary prevention is a strategy to inhibit development of a problem. Primary prevention of alcohol abuse would mean equipping each citizen with decision-making capabilities and skills that prevent the abuse of alcohol. There appear to be two responsible decisions that people can make: not to drink or to drink in moderation. Primary prevention as a process makes good sense, not only from the standpoint of greatly reducing the human suffering associated with alcohol abuse and alcoholism but also from a resource conservation point of view. The implementation of primary prevention strategies is no easy task for the states and their communities, as the current inclination of society is toward allowing problems to develop and then designing remedies for their resolution.

Summary

Prevention of problems such as alcohol abuse is not a well defined concept, nor is the prevention of these problems a priority of our society. Resolution and treatment of these problems after they have occurred has been the major preoccupation and concern of our society, as evidenced in the numerous treatment programs available. Primary prevention efforts—strategies to prevent the misuse of alcohol—have not been widely implemented within the states. The task of implementation will not be an easy one, but movement toward primary prevention strategies must occur in order to enhance the quality of life.

E. Responsible Decision Making

Problems that emerge as a result of daily living are partly a consequence of the structure of the society and partly a consequence of the way in which its citizens deal with day-to-day living. Even as we continue to try to improve society so that people's lives may be less difficult, people need to learn how to manage their own lives within that society. In our country, people have to make many decisions. Some are big decisions, such as choice of vocation, place to live and amount of education. Some are little but add up to patterns and habits which are popularly called "life style." The capabilities and skills that people need to make these choices can be called "responsible decision-making skills."

Responsible decision making refers to the process of assessing and reacting responsibly to daily living experiences. The degree to which people appropriately judge and act determines their effectiveness in day-to-day living. We find that the increasing dependence upon privately and publicly held institutions for citizen learning has reduced to a large degree the traditional effectiveness of the family, for example, in providing these basic skills. This lack has been accentuated by the increased range of daily living choices, which has created a vastly more complex environment to understand and deal with. We find little evidence to suggest that our society is successfully developing daily living skills and competencies in its citizens. It is our judgment that the essential ingredients of a primary prevention strategy are learning experiences that teach our citizens about living. Perhaps the phrase "education for living" is in order. We use this phrase not in the value sense but in the sense of providing basic skills and competencies to all citizens for assessing and reacting to daily living experiences in an effective manner.

Summary

Decisions regarding the use or non-use of alcohol, just as is the case with other decisions about daily living experiences, must be made with some understanding of and competence for dealing with the experience. This understanding

and competence is referred to as responsible decision making. In our society, every citizen needs that capability. Services must be designed and delivered to make responsible decision-making skills available to all citizens. A primary prevention program utilizing the total educational system appears to offer the greatest hope for developing responsible decision-making skills and competencies.

II. FINDINGS TO DATE

A. The Problem

Our review of alcohol abuse and alcoholism in the context of daily living experiences has been accomplished by examining research literature and citizen perceptions of these problems. Research on alcohol abuse and interrelated daily living problems has been extensive. We attempted to synthesize these findings for the purpose of developing a profile of the problems. Then we asked citizen representatives of a wide variety of groups concerned with alcohol misuse to present and discuss their perceptions of these problems. A list of these presentors is in the appendices of this report. In addition to securing information, we probed areas of inconsistency to determine whether the discrepancy was a function of confusing information, lack of knowledge or a misunderstanding of the knowledge. Our aim was to understand these inconsistencies so that we might reflect information gaps in any strategies we recommend for addressing the problem more effectively. This review to date is presented in three parts: (1) research literature findings, (2) citizen perception findings and (3) summary findings.

1. Research Literature Findings

Alcohol abuse, alcoholism and other daily living problems show no decrease. Within the wide range of daily living experiences, which include experiences relating to drugs, sex, careers and families, shifts frequently occur in which experiences become problems. For example, there has been a recent teen-age shift toward increased use of alcohol rather than other drugs. The recent alcohol and health report released by the National Institute on Alcohol Abuse and Alcoholism indicates the magnitude of alcohol abuse and alcoholism. Some of the institute's findings indicate that

- Alcoholism and alcohol abuse continue to occur at high incidence rates.
- The public suffers from much ignorance concerning alcohol and possesses attitudes that are marked by confusion and dissent.
- Economic costs associated with the misuse of alcohol continue to be high.
- There is increasing evidence that the synergistic effects of tobacco, alcohol, stress, body chemistry and other variables produce serious health problems.[6]

These and other findings indicate that alcohol abuse continues to be a major problem in our society, including among youth. The residual problems resulting from the debilitating effects of alcohol misuse continue to rise as well. Of particular significance are major health problems and the cost of lowered productivity. Definitive studies that describe the interrelationships of alcohol abuse and other life problems have not been conducted to date; thus, little is known about these relationships. However, the incidence of family disruption, career problems, sex difficulties and other life problems is also increasing.[7]

The etiology of alcohol abuse can be analyzed in terms of four primary factors: genetic, physiological, psychological and sociocultural. Research studies have focused on one or multiples of these factors in attempts to isolate the variables that account for alcohol abuse.[8] This same strategy has been used in studying related daily living experiences as well.[9] The complexity of daily living has made it difficult to design research studies that result in clear-cut understanding of which factors and which variables influence human behavior.

a. Genetic Factors

The specific relationship of human genetics to alcohol abuse is not clear. Researchers agree

that genetics define physiological (and to some degree, psychological) capacities. The relationships of these capacities to abuse of alcohol or to the occurrence of other life problems are not known.

b. Physiological Factors

Physiological factors and their relationships to alcohol abuse have been researched extensively. The major findings include the following:

- Physiological systems in human beings vary. As a result, people have different reactions to the intake of alcohol, just as they react differently to other life experiences. In part this variance can be attributed to differences within the physiological system.[10] It is not clearly defined which variables within the physiological systems (body weight, chemistry, fatigue) bear directly upon these reactions.
- In the case of alcohol abuse, as with some other drugs, it is possible for addiction to occur, mainly the triggering of physiological or psychological processes that control certain behavioral functions.[11]
- Ingestion of excessive amounts of alcohol and other drugs decreases physiological functioning. The amounts that can be ingested and not affect normal functioning vary in relationship to other conditions of the human body, such as chemical balance, stress, fatigue and body weight.[12]

c. Psychological Factors

Psychological factors play major roles in dealing with alcohol, as they do with all experiences of life. Here, as in the case of genetic and physiological factors, the specific psychological variables that influence human reactions to the experiences of daily life and that may lead to the development of problems are unknown. However, there are some general findings that apply:

- The lack of coping skills or competencies necessary to act in a responsible manner in daily life is a major contributor to the development of problems such as alcohol abuse.[13]
- Stress accentuates problematic behavior. Stress can stem from the larger structure of society, such as transportation and housing systems, or from intrapersonal stress resulting from the individual's inability to understand and accept his/her conflicting behavior.[14]
- Information about a daily living experience has little effect upon human behavior. Neither the relative amount of information nor the type of information affects that basic finding. Attitudes and competencies of the individual **are** critical variables in whether or not information affects behavior.[15]
- Human learning occurs most effectively when individual involvement is great and includes peer and reference groups, family members, community influentials and school personnel.[16]

d. Sociocultural Factors

Sociocultural factors contribute to the incidence of daily living problems. As in the case of genetic, physiological and psychological factors, this is a complex phenomenon that tends to elude even the most rigorous research designs. Findings to date include the following:

- Varying cultural and subcultural patterns, such as styles of life, contribute to alcohol abuse and alcoholism. The specific variables of these varying styles of living and their relative effect upon problematic behavior are not well understood.[17]
- Socialization agents such as peer and reference groups, the family and community influentials are the major sources of human learning. Peer and reference groups that operate within a number of the other socialization forces, as well as being a socializing force in and of themselves, provide the major impetus for the learning and continuation of specific behavioral patterns.
- The nature of norms and their influence upon human behavior are not clearly understood. Some evidence indicates highly negative norms are counterproductive in achieving

specific behavioral outcomes. On the other hand, some evidence suggests that norms which tend to restrict the availability of alcohol and other drugs contribute positively to a reduction of problematic behavior.[18]

2. Citizen Perception Findings

Our inquiries to date have included numerous exchanges with a wide variety of persons. We have heard presentations on prevention programs for daily living problems from legislators, program managers and recipients of the services, as well as teachers, school board members and law enforcement personnel. A specific listing of these exchanges is contained in the appendices. Major findings are:

- There is a growing awareness that alcohol abuse and alcoholism are major health problems with serious residual effects such as increased productivity costs, nutritional deficiencies, impairment of efficiency and marked human suffering. This level of awareness with respect to alcohol abuse is accompanied by a primary concern for treatment of the people involved. Citizens as a whole do not understand primary prevention processes nor their implication for society as a whole. All agree, though, that something should be done to reduce significantly alcohol abuse and alcoholism as well as interrelated daily living problems.
- There is a sense of frustration among most citizens about what should be done. Evidence to support a particular strategy or series of strategies is insufficient. Even some researchers share similar frustrations.
- The role of genetics is generally regarded as an insignificant factor in the cause of alcohol abuse and related daily living problems.
- Physiological factors are believed by many to be primary factors in sustaining alcohol abuse, alcoholism and some other life problems. The concept is that once a person has misused alcohol, the habit or need to continue remains strong and may cause continuing misuse. That a fixed amount of alcohol is a primary debilitating force independent of other factors is also believed to be true.
- Psychological variables such as attitudes and information are generally believed to be the most significant variables in preventing alcohol abuse and related daily living problems. The lack of or inappropriate information and/or attitudes is believed to cause most of the overwhelming problems that people have. Awareness of the role that coping and competency skills play in avoiding problematic behavior is not high. All citizens agree that stress aggravates problematic behavior.
- Citizens possess mixed views on what types of norms, both regulatory and facilitatory, should be practiced in relationship to alcohol use.
- Citizens generally focus upon single problems rather than on the many interrelated experiences, encounters and difficulties of daily life whose interrelationships may cause a single problem to develop and persist.

3. Summary Findings

Alcohol abuse and alcoholism, as well as other difficulties of living, are interrelated problems that continue to increase nationwide. Their effects upon our states and communities are marked and seriously impair human development at all levels. All too often, efforts to resolve these problems have been focused on one specific problem, even though that problem is interrelated with several others. This is true of basic research efforts directed at understanding the causes of these problems, as well as efforts at resolving them through various prevention programs. Efforts have been less than successful, as one might expect. It appears that a much broader perspective is required if solutions are to be forthcoming. This broader perspective would take into account the day-by-day experiences and patterns of living that people have—how decisions are made, what influences those decisions and how patterns of living are established. We find that efforts geared solely toward eliminating alcohol abuse and alcoholism, as was the case with drug abuse, have failed to accomplish their objectives.

Alcohol abuse, alcoholism and other living problems are caused by the interrelated effects of genetic, physiological, psychological and sociocultural factors. Research to date indicates that each factor plays some role in the formation of these problems. The extent of these roles is generally not defined, as is true of the way in which the factors interrelate in creating the problems. Research designed to study the etiology of life problems has generally been focused on only one of the influencing factors, which has inhibited a complete understanding. However, we find that many current research efforts have a broader focus and offer hope for a more comprehensive understanding. Research findings to date indicate the need for primary prevention strategies that acknowledge and build upon the interrelationships of the factors that influence the development of alcohol abuse and alcoholism.

The more salient findings of our inquiry into alcohol abuse and alcoholism in the context of daily living experiences are as follows:

- The role of genetics in these problems is unclear.
- The physiological system decreases its functioning capability when overloaded with a problem such as excessive amounts of alcohol.
- The relationship of the amount of alcohol intake to physiological impairment is not clear because of the interrelationships with other variables such as stress, anxiety and chemical balances.
- Stress, both from the standpoint of society's structure and intrapersonal situations, appears to facilitate the development of a problem such as alcohol abuse.
- The lack of individual coping and competency skills facilitates the development of daily living problems.
- The amount and type of information an individual has about daily living experiences has little to do with the individual's behavior.
- The attitudes and competencies an individual has for dealing with daily living experiences are critical variables in determining behavioral outcomes.
- Human learning occurs most effectively when there is high involvement both of the learner and the supporting socialization agent.
- Cultural patterns affect responses to daily living experiences, including the development of daily living problems.
- Socialization agents such as peer and reference groups, the family and community influentials are major influences on individual reactions to daily living experiences.
- Positive norms appear to have better effects in achieving specific behavioral goals than do negative sanctions, although there is evidence to suggest that certain aspects of daily living need to be regulated.
- Citizen levels of awareness are primarily associated with the treatment of daily living problems, not with their prevention.
- Citizens as a whole feel frustration in terms of what direction a primary prevention program should take.
- Citizens regard attitudes and information as the essential ingredients of a primary prevention effort.
- Citizens are uncertain about what norms should be instituted in dealing with daily living problems; individual's views are very mixed.
- Citizens tend to focus on a specific daily living problem without awareness of its interrelationships with the myriad of other daily lving problems.

B. Prevention Services

We have examined some of the prevention services for alcohol abuse and other daily living problems. Our examination to date is by no means complete; thus, this portion of the report is mainly a description of our inquiry approach. Our intentions are to identify all viable preven-

tion alternatives and to describe their feasibility and implementation considerations.

As previously outlined in the conceptual framework of this report, prevention services are described in terms of four elements: information, skills, presentation style and learning models. The services that have been examined to date were reviewed in terms of these four elements so that the adequacy of the service could be assessed. Although we have examined minimal numbers of services at this time, some specific conclusions can be reported. They are:

- Most services utilize learning models that are regarded as correct procedures for inducing human learning.
- Services vary in terms of the accuracy of their information. Some provide information that is not scientifically correct.
- Services that offer values clarification are often biased toward particular sets of values as opposed to more open-ended clarification processes.
- Few services are designed for transmitting specific skills or competencies that the user can apply in the course of daily living.
- Major problems exist with respect to research efforts designed to assess service effectiveness. Little hard data are available to indicate the effectiveness of different kinds of services.
- Most services focus on a single problem, although more recently developed services focus on multiple daily living problems.
- Because of the limited examination of services to date, we are unable to report feasibility and implementation considerations. These aspects of the services will be analyzed in the coming months and reported at that time.

Summary

Primary prevention services to eliminate alcohol abuse and related daily living problems exist in many forms. We examined some of these services and found them to be based upon effective human learning models of varying technical excellence. Most services focus on a single problem. Many have undergone extensive field testing, but the research designs have been inadequate, resulting in evaluation information that is of questionable use in determining the helpfulness of the service.

C. Prevention Services Delivery Systems

As in the case of prevention services, we have examined only a few delivery systems for prevention services. In the coming months, we will examine a range of delivery systems to determine which systems offer viable alternatives and to consider the feasibility of their implementation.

We have described prevention service delivery systems in terms of eight elements: administrative structure, service, communication facilitation, communication mode, feedback, reinforcement, monitoring and normative. Each delivery system has been or will be analyzed in terms of these elements to assess the system's adequacy. Our very preliminary explorations at this time make it possible to report some tentative conclusions but no recommendations. These conclusions are:

- Prevention service delivery systems are not conceptually understood apart from the service component of our nation's human service system.
- Existing delivery systems depend to a large extent upon very traditional delivery mechanisms that have minimal impact upon the service user.
- Classrooms and teachers in schools are a primary delivery mechanism for the delivery of alcohol abuse prevention services.
- Service users have difficulty in obtaining prevention services because the delivery mechanisms are not effective.

Summary

Delivery systems designed to bring to their intended users primary prevention services related to alcohol abuse, alcoholism and other life problems are inadequate. Many excellent primary

prevention services are not effective because their delivery systems do not work. The delivery systems used are characteristically classroom-based, making it impossible to utilize more powerful socialization agents such as peer and reference groups, the family and community influentials. We find little evidence to indicate that the delivery of primary prevention services is occurring in an effective manner throughout our nation's states.

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III. APPENDICES

A. The Task Force Mission

1. The Major Goals

The Task Force on Responsible Decisions about Alcohol has four major goals:

a. To identify prevention strategies regarding alcohol abuse and alcoholism in the context of daily living experiences.

b. To recommend alternative prevention strategies to the states.

c. To describe the feasibility and implementation steps of each prevention strategy to the states.

d. To develop prevention issues awareness among state and local educational and political decisionmakers.

2. The Specific Objectives

A specific set of objectives has been established to insure that the task force's major goals will be achieved. These objectives focus on the essential elements of prevention alternatives and form a framework to organize the information gathered by the task force. The objectives, stated as questions, are:

a. How do various persons view the problem?

(1) What does research say about the problem?

(2) What do citizens of varying backgrounds say about the problem?

b. What are various persons doing about the problem?

(1) What prevention services are available and who offers them?

(2) What prevention service delivery systems are available and who offers them?

c. What are the most effective prevention services and prevention service delivery systems?

(1) What is effective and why?

(2) What are their characteristics?

d. How feasible are the alternatives?

(1) Are results of previous experiences available to guide implementation?

(2) What are the barriers to implementation?

(3) What resources are needed?

e. How can these alternatives be implemented?

(1) What national, state and local support is needed?

(2) How should feasibility issues be dealt with during implementation?

Achievement of these particular objectives will provide the information necessary for the task force to address its four major goals. Interim reports and a final report will give the states information on which prevention services and prevention service delivery systems appear to be most helpful, their feasibility for implementation and suggested implementation strategies. Other products include issues awareness development among the state and local decisionmakers and broad-based involvement of the educational-political constituency. These products will be created as a result of communication efforts, which will be ongoing during the task force inquiry period. It is hoped that task force efforts will create a national, state and local readiness to implement effective prevention services and prevention service delivery systems for alcohol abuse and related daily living problems.

3. The Operating Procedures

a. The General Approach

The educational system, like other human services endeavors, tends to be isolated from the vast array of human services available to our nation's citizens, even though many of these human service systems offer interrelated services. This practice fragments problems that are not totally education-oriented but may well be tied to health, transportation, utility and other needs requiring a more comprehensive approach than the current strategy of offering human services permits.

The Education Commission of the States (ECS) was created to assist the nation's educational leaders in working for the improvement of American education in the broadest sense at all levels. Specifically, ECS brings together educators,

legislators, concerned citizens and education-related organizations and personnel into a common forum for planning and implementing alternative educational strategies.

There are three major functions that ECS performs for its constituency: (1) a forum for debate on the pressing issues in education; (2) an ongoing analysis for program planning and implementation in relation to those issues; and (3) specialized services through various projects that focus on high-priority educational concerns. The ECS projects assist states in planning and implementing certain educational programs through the efforts of task forces and specially trained staff members.

ECS is not an advocate for one particular course of action regarding a specific problem and need. The states expect the commission to assist them in developing alternative courses of action from which they can select. Thus, the commission provides the mechanism whereby alternatives can be formulated and discussed by the broadest possible constituency. ECS is an advocate for this process and works toward preserving its functional integrity.

ECS has found that an effective tool for developing a comprehensive approach to educational needs, which are interrelated with a host of other human needs, is the use of broad-based task forces. Broad-based task forces that represent these interrelated needs help focus the fact that education is not necessarily limited to the educator's domain.

This approach assists in modeling, at the national, state and local levels, those people and organizations that should interact to solve specific problems and answer definite needs. It also provides for task force members with national, state and local stature.

Establishing a broad-based task force with national, state and local stature is the first task. The next task is to determine how to provide the task force access to the educational system and related human services systems. A study-group approach has often been used by organizations in which task force members determine among themselves, through a process of debate, what they will recommend as a course of action for some given human problem or need. Although this program has merit, it fails to develop the involvement and constituency required for implementation of a recommended course of action. It is this breakdown at the implementation level that has caused ECS to utilize its task forces for clarifying and analyzing a wide range of citizen input from around the nation. This strategy enables varying citizens and organizations to present their recommendations about how to resolve a given problem or need. The task force functions in a clarifying and analyzing role, looking toward determining the commonalities and differences among the various presentors. The end result of this process is a set of recommendations that reflect where agreement lies on how to resolve a problem or need. Accordingly, the problems of implementation become evident. The recommendations are derived from broad-based input that lays the groundwork for their implementation.

b. Specific Procedures

The Education Commission of the States Task Force on Responsible Decisions about Alcohol, initiated as a partnership with the National Institute on Alcohol Abuse and Alcoholism, is an example of how the commission functions. In this instance, a task force composed of some of the nation's leading citizens who share concern for alcohol-related problems, and headed by Governor John C. West of South Carolina, has been initiated to assist the nation's educational system in developing approaches to alcohol abuse and alcoholism prevention. The task force is composed of persons who represent the many divergent interests in alcohol abuse and alcoholism prevention.

The general procedures to be followed by the task force will be as follows:

1. A national inquiry will be conducted over the next two years into how to prevent alcohol-related problems through use of the nation's educational system. A task force course of action report suggesting alternative strategies for

dealing with alcohol-related problems will be issued sometime in 1976. Interim reports will be issued at frequent intervals to keep the nation's states informed of the task force progress.

2. Information for the development of the task force report will be derived from the presentations by organizations and individuals throughout the nation. The interaction of task force members and presentors will provide the clarification and analyses required for focusing the alternative courses of action in the report.

3. ECS staff will work with the states during task force deliberations to facilitate a state of implementation readiness. These state activities will consist of assisting the states in formulating their approaches to dealing with daily living experiences and broadening public awareness of the need for action. Workshops and seminars will be conducted at the state level to facilitate the task force input process. Specific groups and individuals will be identified at the state level and invited to attend the workshops and seminars to discuss their views about alcohol abuse and alcoholism prevention. States will be dealt with regionally, with a spokesperson designated to report the findings of their deliberations to the task force. Task force members will be invited to participate in state meetings as their time permits. Also, other joint meetings will be held with such organizations as the National Council on Alcoholism and the National School Boards Association to increase involvement and input. Special interest groups such as youth and school board members will be invited to submit their views on alcohol abuse and alcoholism prevention to insure that their input is considered in developing the task force report.

The following chart summarizes the organization and flow of task force activities from major goals to products:

GOALS	OBJECTIVES	OPERATING PROCEDURES	PRODUCTS
1. To identify alcohol abuse and alcoholism in the context of daily living experiences prevention strategies	1. How do various persons view the problem? a. What does research say about the problem? b. What do citizens of various backgrounds say about the problem? 2. What are various persons doing about the problem? a. What prevention services are available and who offers them? b. What prevention service delivery systems are available and who offers them? 3. What are the most effective prevention service and prevention service delivery systems? a. What is effective and why? b. What are their characteristics?	Task force inquiry	Interim and final reports

GOALS	OBJECTIVES	OPERATING PROCEDURES	PRODUCTS
2. To recommend to the nation's states alternative prevention strategies	1. What are the most effective prevention service and prevention service delivery systems? a. What is effective and why? b. What are their characteristics?	Task force inquiry	Interim and final reports
3. To describe for the nation's states the feasibility and implementation steps of each prevention strategy	1. How feasible are the alternatives? a. Are there experiences available to guide implementation? b. What are the implementation barriers? c. What resources are needed? 2. How can these alternatives be implemented? a. What national, state and local support is needed? b. How should the feasibility issues be dealt with during implementation?	Task force inquiry	Interim and final reports
4. To develop prevention issues awareness among the state and local educational and political decision-making constituency	1. How do various persons view the problem? a. What does research say about the problem? b. What do citizens of various backgrounds say about the problem? 2. What are various persons doing about the problem? a. What prevention services are available and who offers them? b. What prevention service delivery systems are available and who offers them? 3. What are the most effective prevention service and prevention service delivery systems? a. What is effective and why? b. What are their characteristics?	Media/ workshops	Awareness among state and local educational and political constituency

GOALS	OBJECTIVES	OPERATING PROCEDURES	PRODUCTS
	4. How feasible are the alternatives? a. Are there experiences available to guide implementation? b. What are the implementation barriers? c. What resources are needed? 5. How can these alternatives be implemented? a. What national, state and local support is needed? b. How should the feasibility issues be dealt with during implementation?	Media/ workshops	Awareness among state and local educational and political constituency

4. The Schedule of Events

EVENT	1973	1974	1975	1976
Task force inquiry	----------	----------	----------	----------
Interim reports			---- ---- ----	
Final report				----
Issues awareness				
development				
Media	---- ----	---- ----	----------	----------
Workshops		---- ----	---- ----	---- --------

B. The First Meeting of the Education Commission of the States Task Force on Responsible Decisions about Alcohol: Summary Transcript

The first meeting of the ECS Task Force on Responsible Decisions about Alcohol was held December 16-18, 1973, in Washington, D. C. Governor John C. West of South Carolina, chairman of the task force, presided at the meeting, which was primarily organizational in nature.

In the course of the next day and a half, the task force heard from Morris E. Chafetz, M.D., director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA); several of the institute staff; members of the ECS project staff; and three persons who have researched various aspects of alcohol problems and prevention approaches, both past and present. These first three presentations were intended to provide some historical perspective in the prevention area and to highlight some research that would help to define some of the problems the task force will be addressing.

Governor Reubin O'D. Askew of Florida, chairman of ECS, was not able to attend; but his welcoming speech was read by Agnes Wilson, task force member.

The Monday morning session opened with a welcome by Ben Mason, director of the ECS Department of Administrative Services. He stated that the task force had been carefully selected in order to represent diverse groups, with input from Governors Askew and West. Mason explained that ECS often addresses educational issues through a task force approach and provided a brief explanation of ECS, which is sponsoring this task force in partnership with NIAAA.

Monday a.m., December 17,

Welcome and Remarks, Governor West

Governor West welcomed the members and, speaking of the uniqueness of the task force, stated that such diversity has possibly never been represented before to work together on educational recommendations to reduce alcohol abuse and alcoholism.

The governor indicated that two basic questions face the public: (1) Are we to drink? and (2) Are we to drink responsibly if we elect to drink? He cited the frustrations and ambivalence of many parents in our society who do not know what role they should play regarding their children's possible drinking. The governor said that too many Americans do not know how to use alcohol responsibly and that there are few families that do not feel, either directly or indirectly, the effects of alcohol misuse.

Governor West stated that 50 per cent of auto accidents are related to driver's misuse of alcohol and that there are documented dollar figures that illustrate the effects of alcohol abuse on industry and business due to absenteeism and production loss. Our society has reacted rather than acted in the face of this problem. Efforts to cope with the problem have been fragmented, but the resources are present to deal with it. Scare tactics have generally proved to be ineffective. Support is needed from all elements: teachers, school boards, principals, superintendents and parents. Resolving the problem of alcohol abuse involves how we as individuals are going to order and discipline our lives; the resolution involves a total living approach.

Extensive social problems cannot be solved by government alone; people at all levels must be involved. Government must be a working, serving partner with all sectors. Governor West identified three steps that are necessary to the resolution of this problem. The first step would utilize the personal capability as well as the capability of the groups represented by the task force members; step two would review existing and proposed approaches; step three consists of defining the solutions and recommended approaches as outputs. Such solutions and approaches may not be singular but may include increasing public awareness of what is being done and looking at how to implement efforts at many levels.

Monday a.m., December 17,

NIAAA Perspective on Alcohol Abuse Prevention, Dr. Chafetz

In speaking to the task force for the first time Monday morning, Dr. Chafetz said that the task force—with all its potential—means nothing if it is not a participatory kind of encounter and that no one organization alone can meet the problem that the task force is to confront.

Dr. Chafetz stated that he believes no society uses alcohol more poorly than this country and declared that it is important to take into consideration the benefits that alcohol has provided for those societies who have used it responsibly. Society's tendency is to arrive at what is acceptable by first studying what is wrong, by focusing on the problems. Dr. Chafetz hopes the task force can approach the problem from a different point of view through the educational process; he said that the task force may help society as a totality if it comes to grips with what constitutes the beneficial, responsible use of alcohol. The task force was cautioned about making the mistake that occurred during prohibition, where a simple solution was assigned to a complex behavioral phenomenon. Sometimes greater difficulties are created through attempted solutions than the ills we try to cure, he declared.

Dr. Chafetz spoke of education and the confusion about what is meant by that word. People behave as if information and education are the same, though they are at best only distant cousins, he explained. He added that the real issues of life that the task force will be dealing with in this educational approach to alcohol problems, its use and misuse, may not be so complex if people will listen to what the young people are saying about what is important in life.

According to Dr. Chafetz, two greatest contributors to the drug abuse problem have been the misuse of alcohol by the adult population in America and the drug education effort, which was based on scaring people because of the overreaction to the drug scene. The time is opportune for dealing with this age-old problem of alcohol misuse. People are looking for approaches that promise them some control over their own lives.

Dr. Chafetz spoke of how society responds to its problems and the effect this has had on the approach to the problem of alcohol misuse. Heroin addiction was used as an example. The U. S. appropriations to cope with heroin problems amount to one billion dollars annually, while there were only 600,000 addicts at the height of this drug problem; $147 million was appropriated to deal with the problem of alcoholism, which claims an estimated 9,000,000. Society's response to the alcoholism problem has been based on the fact that

- Society feels it is easier to deal with a problem that is far removed, such as heroin addiction.

- Societal decisions are not made on health issues alone. The illegal sale of heroin is a source of income only for organized crime, but alcohol is useful socially and economically. Alcohol is the second largest producer of federal revenue (federal and state income taxes represent the first).

Because we are a reactive society, Dr. Chafetz continued, it is not surprising that we take the pendulum approach to solving problems, going from the extreme of centralism back to the other end of local initiative. He said that this task force, however, would form a partnership of central forces involving state and local governments and various voluntary agencies; the combination represents a rare opportunity to make an important contribution to society. The issues related to alcohol use and misuse provide the levers and entrees to other social health issues. If we do not come to grips with these issues, we will be able to blame only ourselves, he said.

Dr. Chafetz added that just looking at alcohol misuse as a single issue misses the point, for the alcohol problem is a microcosm of every other social health issue.

Monday noon, December 17,

Alcoholism Prevention Concept, Phelps

Donald G. Phelps, director of the Division of Prevention at NIAAA, stated that not much has been done in prevention in the area of education. Many problems have not been addressed in an honest, objective and open way within the school setting. In considering this problem, NIAAA elected to do three things:

1. To initiate an approach involving collaborative efforts between NIAAA and the local level.

2. To determine what was going on around the country in the prevention education arena.

3. To look at the state of the art, with a sampling of efforts under way in youth education.

As a result of this investigative effort, some priorities came about, both within and outside of the school setting. It was felt that prevention efforts might have more impact if the material was introduced into the total curriculum experience.

Monday p.m., December 17,

NIAAA Perspective, Eaton

After lunch, Kenneth L. Eaton, deputy director of NIAAA, briefly described the history, scope and development of NIAAA and related these to the work of the task force. NIAAA instituted its programs to achieve two major goals:

1. Facilitating development and increasing availability of alcoholism treatment services.

2. Preventing alcohol-related problems from occurring as much as possible.

Dr. Chafetz formulated NIAAA's philosophy: the microcosm concept of alcoholism. Eaton explained that the belief behind this concept asserts that there is no way to deal with the problem of alcohol abuse outside the context of other human and social problems. With such a concept, alcoholism becomes a handle or lever for getting into other social problem areas.

Because of the extent of the problem, NIAAA has narrowed it to the identification of selected populations in order to focus NIAAA's efforts. These populations are:

1. Drinking-driver population, which involves both the health and law enforcement system: NIAAA currently is working with the U. S. Department of Transportation in this area.

2. Indian population (including Alaskan natives): NIAAA calls this a self-determination approach. NIAAA provides technical assistance and financial support to these groups, supporting what the populations themselves think makes sense and seems reasonable in their own situations. Since there is a relationship between alcoholism and other social problems, providing alternative behaviors is one way of approaching solutions.

3. Poverty groups: It is felt that these groups should be dealt with in a specifically different way from the general population.

4. People chronically involved with public intoxication: NIAAA is assisting states and communities to implement the provisions of the Uniform Alcohol Intoxication and Treatment Act, which has been adopted by the Commissioners of Uniform State Law. This act, which NIAAA supports, holds great promise in helping to remove the problems of alcoholism from the criminal justice system, placing them instead in the health care system.

5. Education for prevention: This is not by any means an attempt to oversimplify or suggest that education is the same thing as prevention. It is a first step that NIAAA believes is important to elevate levels of awareness of the nature and scope of the problem and to create and/or facilitate nationwide dialogue about alcohol problems.

NIAAA also has a comprehensive communication system and a long-run leadership plan that attempts to get other people involved in the prevention of alcohol problems, Eaton continued. Organizations such as ECS, agencies at the state and local levels, YMCA's, PTA, voluntary interest groups and organizations whose main focus is in the field of alcohol treatment and rehabilitation as well as prevention (such as the National Council on Alcoholism), are among

those with which NIAAA earnestly seeks a partnership approach. Eaton said that NIAAA believes it will have been successful if it is able to assist in the mobilization of a full range of alcohol abuse and alcoholism services in the areas of prevention, rehabilitation and research that could be included in all components of a community services delivery system.

Monday p.m., December 17,

ECS Organization and Afternoon Speakers

The meeting convened after lunch with a brief presentation by Mason, who discussed the organization of ECS. The idea for ECS originated in 1964 with James B. Conant, president emeritus of Harvard University, and was then brought to realization by Terry Sanford, governor of North Carolina. Basically, ECS functions as a vehicle and forum to facilitate the development of alternatives that the states might consider to assist them in working with the federal government. It is a compact of state governments, with 45 states, Puerto Rico and the Virgin Islands as members.

David H. Friend from the ECS alcohol project staff introduced the three afternoon speakers, whose presentations served as catalysts for the task force. Three areas were to be explored:

1. Defining the problems to be addressed
2. Looking at what seems to be preventable in light of the research
3. Identifying historical approaches that have and have not worked and implications for future efforts.

The three speakers were:

G. Nick Braucht of the department of psychology, University of Denver, who spoke on "Teenage Drinking Problems: Issues in Prevention."

Don Cahalan of the University of California, Berkeley, who spoke on "Implications for Preventive Programs of Recent National Studies of Drinking Behavior, Problems and Attitudes."

Joseph S. Gusfield of San Diego State College who spoke on "The History of Prevention: Implications for the Future."

The following are some of the major points that emerged from the presentations:

- The American people are rather uneasy and misinformed about the subject of drinking and its consequences.
- Research findings underscore the difficulty of achieving a rapid reduction in alcohol abuse until prevailing atttudes and values are modified.
- Research findings lend confidence that effective prevention education programs can be devised to mobilize the resources of the individual and his environment.
- There is an urgent need to identify and define the many factors that lead to problem drinking among young people.
- We need to define the different types of alcohol abuse and discover what kind of prevention program would be most effective with specific groups.
- In the past a person found it very hard to find constituencies who ranked the problems of alcohol abuse as a high priority. That is changing. The problem now is to identify alternatives for dealing with alcohol abuse that are acceptable to many diverse groups.

Monday p.m., December 17,

Youth Foundation Leadership Seminar, O'Brian

Hugh O'Brian, Hollywood celebrity, spoke briefly on the Youth Foundation Leadership Seminar which he founded about 10 years ago. All high school sophomores, both in the United States and abroad, are eligible to apply for the week-long seminar that is held annually. The seminars, different every year, deal with topical subjects. The Hugh O'Brian Youth Foundation works in association with the U. S. Jaycees and the National Association of Secondary School Principals. O'Brian, who spoke to the ECS task force because of its interest in youth behavior and attitudes, expressed hope that some coordinated or mutually beneficial effort between his foundation and the ECS group might be possible.

Monday p.m., December 17,

Problem Drinking: Medical Considerations, Dr. Chafetz

Dr. Chafetz stated that a distinction needs to be made between illness and disease when speaking of alcohol problems. When asked by a task force member for a simple definition that would distinguish between illness and disease, Dr. Chafetz replied that in an illness, a patient hurts and cannot function; in a disease, there are certain etiological aspects with delineated pathological developments that offer predictive qualities. In scholarly discussions, alcoholism is not considered a disease but rather an illness. Alcoholism is a symptom of a myriad of social and psychological problems.

The amount of alcohol consumed has little to do with a definition of alcohol abuse, he said. The issue of excess really begs the question. The conceptual model within which alcohol is used forms the purpose and pattern of drinking behavior. It is possible to look at alcohol problems positively, since they are signals to be responded to. The configuration of alcohol problems indicates that an individual hurts; drinking is a way of hurting less. Dr. Chafetz also stated that the medical profession still tends to use the definition of a skid-row alcoholic when thinking about a person with alcohol problems.

Anytime someone has become drunk, that person has an alcohol problem since he/she has overdosed with a drug. It is useful to think of prevention as an early identification of problems. As a society, we allow pharmacological problems that other societies do not. A society's expectations of the use of alcohol determine what one gets from the pharmacological effects of it. When asked for a succinct definition of responsible drinking, Dr. Chafetz stated that part of the definition involves not drinking; it also means the use of alcohol when it is adjunctive, rather than the focus or reason for an activity.

Tuesday a.m., December 18,

Questions to Be Addressed, Eaton

Eaton spoke of several issues and cautions he saw related to the problems confronting the task force. The task force should look at what needs to be done, what alternative approaches can be used and the logistics and mechanisms of getting done what the task force wants to get done, he said.

In describing ways to approach the problem, Eaton pointed out that there is legislation in every state requiring alcohol education, but much of it is inadequately implemented. For the first time, he said, an attempt is being made to formulate a comprehensive educational strategy to deal with this area of concern. Eaton suggested that the task force might want to sample randomly some material currently being used. Eaton again emphasized the long-term nature of the thinking and conceptualizing that the task force has to do. He cautioned the task force about becoming too focused on immediate, short-term, tangible results that can result from such notions as education is prevention or information is education.

In addition to the need for a broader definition of education, he suggested the need for a broader base of education and activity in order to avoid loading the school systems with a special burden that would be difficult for them to cope with by themselves. This has happened in the past and proved to be unsuccessful. Sources are needed in addition to the school setting: a partnership involving the home, schools and community.

The job will not get done if the task force deals with the global issue as is. It is necessary to break it into smaller components on an individual but coordinated and related basis. It might be advisable to move cautiously with limited objectives in light of time and resource constraints, Eaton stated.

Another caution involved defining such terms as "problem drinker," "education," "responsible drinking," "information" and "alcoholic person."

The task force must arrive at some kind of agreement among its members regarding the meaning of such terms and then try to get other people to hear the same thing the members are saying.

Several other conceptual approaches were presented by Eaton for the task force's consideration. The first alternative to the "responsible drinking" theme is "education against drunkenness," which is even more limited, though related. The problem here is that one is forced to be negative. The other approach or alternative involves identifying populations at risk and designing special programs of intervention, early identification and education. There are two main drawbacks with such an approach:

1. A population at risk cannot be identified very well. Studies that ostensibly have identified such people have many weaknesses.

2. In identifying a population already subject to punitive reactions, socially and moralistically, one may be doing that population more harm than good. One runs many risks in their behalf for moralism is still very prevalent in the field of alcohol.

In concluding, Eaton again mentioned that the group would be more successful if activities are carried out that would supplement what happens at school and in the community through such groups as Boy and Girl Scouts, PTA, YMCA youth groups, churches and Jaycees, to name a few. There is no singular system in th s country that can deal unilaterally with the problem being discussed. A mechanism must be found for tying activities together, he stated.

Tuesday a.m., December 18,

Task Force Operational Procedures, Peterson and Sands

James H. Peterson, project director for the Education Commission of the States, spoke briefly about how ECS task forces function. He stated that ECS has a great opportunity to work with the task force members and the diverse groups they represent in assisting the ECS constituency in alcohol abuse prevention.

Edward S. Sands, special assistant to the director of the Division of Prevention at NIAAA, spoke of the current interest in prevention in many areas and suggested it might partially be a result of the overburdening of our health care system. People want to be more involved in their own health care, to improve the quality of their lives. He cited the importance of the opportunity for learning and sharing information with ECS and the diverse groups represented by the task force members. Sands also cited the importance of such groups as preventive medicine associations, homemakers groups, Boy and Girl Scouts, and the United Way. He suggested that the task force might look at the effectiveness of these groups and what they might be able to share. Also mentioned was the Children's Television Workshop, which is putting together a new health program, and the President's Task Force on Health Education.

Tuesday a.m., December 18,

Action Items

The last item of business before the task force was discussion of several action items outlined in the concept paper that was prepared for the task force by ECS staff to familiarize them with the research data in the field and the process to be utilized for achieving their goals during the coming years. Governor West was unable to stay for this final portion of the meeting, and Mason chaired the discussion. There was discussion on each of the items:

1. Finalization of task force membership: A motion was carried to include the addition of a task force member from the advertising field. It was felt important to get constant feedback from the industry rather than to have such a person appear just to provide testimony. There were two lines of thought on such a person: the individual could be either an executive or a writer-producer. The Denver staff was asked to look into this matter and to make some suggestions.

2. Finalize future task force meetings, dates and places: It was agreed that the next meeting would be held in South Carolina, possibly in late

March. It was also suggested that the meeting might begin on a Thursday night and continue through the weekend.

3. Committees: No committees were formed at this time, but the option was kept open for a later time.

4. An agreement as to how presentors should be selected: The suggestion was made that it might be desirable to hold three or four national hearings or public forums to address special issues of the problems before the task force. In this way, there could be input from different parts of the country. Three or four task force members would be present during each hearing. Suggested groups to involve included NIAAA, National Council on Alcoholism, Alcohol and Drug Problems Association of North America, and National Association of School Superintendents. Coordinating with the annual PTA meeting in May was also suggested. The Denver staff was asked to look into the feasibility of utilizing such forums and to keep in mind the various organizations named.

Several Native American organizations were specifically named for further discussion: the American Indian Advisory Council on Drinking and the American Indian Alcoholism Association. Concerns about hearing from different temperance groups were also voiced.

5. Agreement as to how the task force will proceed to achieve its goals: General consensus was to follow the procedures already outlined.

6. Decision regarding recording meetings and the distribution of that information: This effort will be a function of the Denver staff who will distribute such information to all task force members.

Tuesday a.m., December 18,

Additional Business

The need for a name change was considered, and several suggestions were provided: Task Force on Alcohol and the Task Force on Alcohol Education. The Denver staff was asked to consider further this matter and to obtain suggestions from task force members.

Mason suggested that the task force consider how to involve youth and the aging in task force activities.

It was agreed that the next task force meeting would be hosted by Governor West in South Carolina. This meeting will be the initial inquiry into prevention of alcohol abuse by the task force through hearing from selected organizations and individuals from around the nation.

C. The Second Meeting of the Education Commission of the States Task Force on Responsible Decisions about Alcohol: Summary Transcript

The second meeting of the ECS Task Force on Responsible Decisions about Alcohol was held March 28-31, 1974, in Columbia, South Carolina and on Hilton Head Island. This working meeting was primarily spent hearing from nine presentors, with each presentation followed by a question-and-answer period. The nine people chosen to present their various strategies and ideas regarding prevention approaches were purposefully selected to represent a broad range of viewpoints. It is believed that after an initial broad overview of existing alternatives has been explored, more focused direction can be determined for future sessions. The nine presentors and their organizations follow:

Thomas J. Donovan, President, Licensed Beverage Industries

Madelyn H. Wills, President, Louisiana Parent-Teachers Association

George C. Dimas, Executive Director, National Council on Alcoholism

Bob Moore, Executive Director, American Indian Commission on Alcoholism and Drug Abuse

William J. McCord, President, Alcohol and Drug Problems Association of North America, and Director, South Carolina Commission on Alcoholism

Joseph S. Dolan, Senior Program Manager, U. S. Jaycees

Andrew G. Hanners, Executive Director, Oregon Council on Alcohol Problems

Selden D. Bacon, Director, Rutgers Center of Alcohol Studies

Vern M. Boxell, Senior Vice President, Hill and Knowlton, Inc.

Presentations included approaches used by the media, private efforts at the community level, state and national approaches, and an overview of past prevention efforts, problems and research. Recommendations for future consideration were proposed by the presentors. A detailed content analysis is being done on these nine presentations to determine future directions of the task force and will be used to substantiate an interim report of the task force which will be distributed to the states by the end of the year.
Five committees were formed to deal with some of the special issues and problems related to the prevention of alcohol and related living problems. These include the following: 1) legal considerations, 2) youth, 3) public information, 4) values clarification and 5) future presentors. The meeting was formally concluded on Sunday morning when all five task force committees met to share their individual deliberations over the weekend of the specific issues and questions each committee was assigned.

The following summary highlights this second task force meeting.

Friday a.m., March 29,

Welcome and Organizational Business, Governor West

The chairman of the task force, Governor John C. West of South Carolina, convened the meeting by welcoming the task force members and guests to South Carolina. Senator Bennett D. Katz, the vice chairman, shared with Governor West the responsibility of conducting this meeting.

Ben Mason, director of the Department of Administrative Services at ECS, described the commission's role in this and in other ECS projects.

Remarks, Dr. Chafetz

Morris E. Chafetz, M.D., director of NIAAA, commented on the challenge ahead for the task force. He cited a statement made by President Roosevelt on the eve of the repeal of the Eighteenth Amendment in 1933. The objectives of national policy at that time, "to educate every citizen toward a greater temperance throughout the nation" and "to see that certain social and political evils should not be revived or permitted to exist" as a result of the resumption of this individual freedom, are objectives we are still struggling to effect. Dr. Chafetz stated that as a country, we run very fast, but we actually end up standing still.

Further business discussed was the task force's new name. Each task force member was contacted to determine his/her preference. The name selected was "The Education Commission of the States Task Force on Responsible Decisions about Alcohol." Implicit in this name are the two choices that are in the best interest of both the individual and of society: not to drink or to drink responsibly.

Friday a.m., March 29,

Presentation of Task Force Purpose Statement, Governor West

Governor West then highlighted points contained in the task force purpose statement. These major points follow:

- ECS frequently uses a broad-based task force approach to address pressing educational issues because, in this way, education can be integrated with other human services efforts, thereby avoiding fragmentation. A more comprehensive approach is thus possible.

- The task force approach is a process of inquiry rather than a study process. The major benefit of an inquiry process is input from a greater diversity of people. Information gathering, data analysis and the involvement of critical people in the solution, so that meaningful suggestions and recommendations can be made and implemented, are the contributions that accrue from such an inquiry process.

- Time required for the inquiry will be two and one-half years, with three meetings per year and mini-workshops and seminars at the state level to facilitate a wider range of input.
- A final report to the nation's states will be forthcoming in 1976.

Governor West explained the rationale behind the decision to use the committee approach to examine issues that have emerged as a result of the task force's work to date. Time is conserved with a committee system; several issues can be worked on at once. Each committee has the responsibility of focusing on questions already identified, identifying additional questions and suggesting alternatives for answering questions.

Friday a.m., March 29,

Explanation of Presentations, Peterson

Before presentations began, James H. Peterson, ECS project director, briefly explained how the presentations were structured in order to derive certain information. The framework for these presentations and all future presentations consists of the following five questions to be addressed:

1. Describe the problems that are addressed by your alcohol program's prevention efforts.
2. Describe the services your program provides and how these services are delivered to the population involved.
3. Clarify the decisions you made about your program's services and delivery mechanisms as one alternative prevention strategy.
4. Describe the feasibility of implementing your program. What was or should have been considered to achieve specific outcomes? Why?
5. Describe the specific steps needed to implement your program. **How** will it be done?

The answers to these five questions will be the basis for the task force's future recommendations. Peterson pointed out that the real problems in human endeavors are not in the substantive (service) areas but exist in the delivery system. Questions four and five, dealing with actual implementation, need to be highlighted.

Friday a.m., March 29,

Report on State Involvement, Peterson

Peterson then reported briefly that many states have expressed a desire to participate in task force activities. California has expressed interest in hosting a joint regional meeting in the fall. It was suggested that two or three task force members might attend. Governor Dunn's office in Tennessee has expressed similar interest, and contact has been established with the governor's office in New York along similar lines. Such meetings would help to focus input for the task force members from youth, school board members and others. Regional conferences would expand the dialogue on prevention issues. These meetings would also aid significantly in heightening awareness of the need for prevention education. Governor West has often indicated that the essence of the task force's work must be at the state level.

Friday p.m., March 29,

Luncheon Speech, Senator Katz

Senator Katz, treasurer of ECS and chairman of the New England Board of Higher Education, was the luncheon speaker. Senator Katz cited his home state as being typical of many other states in terms of the problems resulting from alcohol abuse. About one-half of all traffic accidents in Maine directly involve a drinking driver; but, as yet, there are no adequate tools for control. Senator Katz spoke of the need to examine alternative solutions.

Senator Katz explained his optimism for the project in terms of his experience and association with ECS. He cited ECS' track record of actually getting things done. What happens after meetings (i.e., back in the states) is the real payoff.

ECS is able to accumulate knowledge from all over the country, identifying what is happening in which states, so that information and alternative approaches can be shared with member states. The involvement of the ECS commissioners provides the states with the necessary knowledge and confidence to get the job done.

Summary of Presentations

While a complete content analysis of the nine presentations is in progress, the following represent some of the major thoughts brought out by the presentors:

- The wide range of concepts and approaches regarding the prevention of alcohol abuse and related problems that are now available must be shaped into a viable program. This program must then be communicated in such a way that it attracts the interest and support of a broad section of the American people and their institutions.

- In order for alcohol education to be effective, it must be aimed objectively toward those of school age, the general adult population, the problem drinkers and those who are affected by them.

- We do not necessarily need more facts about alcohol. We do need to learn more about understanding ourselves and the needs of others.

- Well-defined and accessible alternatives to drinking are necessary for an effective prevention education program.

- We should think in terms of prevention education aimed at the entire community, emphasizing the needs of the people and then developing programs to meet their needs.

- If we can develop a consensus of what the problem is, offer the public clearly defined goals and measurable and achievable objectives, we will have the motivation and support to effectively deal with the problems of alcohol abuse.

- A redefinition of the goals of alcohol education is needed. The concept of alcohol education needs to be broadened to include skills of problem solving, decision making, communication and coping.

- There is a need for visible community support and vocal leadership to advocate alcohol abuse prevention education (K-12) in the schools. Such education should include not only information about drinking but also living skills, values, self-awareness and coping with life.

- Effective pre-service training programs for future teachers need to be developed that will promote attitudinal changes regarding the priority of the problem of alcohol abuse.

D. The Third Meeting of the Education Commission of the States Task Force on Responsible Decisions about Alcohol: Summary Transcript

The third meeting of the ECS Task Force on Responsible Decisions about Alcohol was held June 23-25, 1974, in Miami, Florida, immediately following the ECS Annual Meeting.

Six presentations were heard during this third meeting, with an extensive question-and-answer period following each presentation. Three presentors discussed on-going local and state prevention programs in which they are involved, and the remaining three addressed specific prevention issues in the field. The six presentors and their organizations follow:

Robert Straus, Professor and Chairman, Department of Behavioral Science, College of Medicine, University of Kentucky, Lexington

E. Mansell Pattison, M.D., Deputy Director, Training, Orange County Department of Mental Health, Santa Ana, California

Jan de Lint, Senior Scientist, Addiction Research Foundation, Toronto, Canada

James A. Alford, M.D., Chief, Bureau of Alcoholic Rehabilitation, Tallahassee, Florida

Jon B. Shoop, Director, and Shirley E. Rose, Project Coordinator, Harris County Department of Education, Houston, Texas

Robert L. Holland, Chief, Health, Physical Education and Recreation Section, Ohio Department of Education, Columbus

Some of the major points brought out in the presentations were:

- There is evidence supporting the possibility that the continuous and worldwide increase in the prevalence of alcohol abuse is directly re-

lated to sociological, economic and legal factors that contribute to increased consumption.

- Educational programs aimed at alcohol abuse prevention should be designed to provide the student with opportunities to develop skills to cope with daily living experiences; i.e., decision-making skills, knowledge of human behavior, values clarification and factual information.

- There are many variables that influence the impact of alcohol use on individuals. We need to strive for a greater understanding of these variables. We also need to consider the implications of these many factors when we attempt to define alcohol abuse and related problems.

- We need to facilitate an awareness among the political decisionmakers in order to create an attitude that regards alcohol abuse prevention education as a viable approach to the problem of alcohol misuse.

- Prevention education programs should be integrated into the total school curriculum to assist the individual in discussing and considering alternative ways for coping with daily living experiences.

- We need to move away from stereotyping the alcohol abuser and toward an understanding of the experiences that lead to alcohol misuse.

Monday a.m., June 24,

Welcome and Organizational Business, Governor West

The following summary highlights this third task force meeting.

The chairman of the task force, Governor John C. West of South Carolina, convened the meeting by welcoming the task force members and guests to Florida. Senator Bennett D. Katz, vice chairman, shared the responsibilities for conducting the meeting. Governor West indicated that a summary of the ECS Annual Meeting will be made available to the members at a later date. He acknowledged the work done by the various task force committees to date.

Remarks, Dr. Chafetz

Morris E. Chafetz, M.D., director of NIAAA, cited certain "givens" he felt the task force should recognize. The first is the realization that for a large majority of this country, alcohol will be the number one drug choice. Secondly, for too long problem-solvers in this country have believed in and acted on the either/or, black/white principle. This is a reflex phenomenon whereby a crisis occurs and one reacts. Thirdly, in order to be responsive, people need to be able to make individual choices and decisions; they need flexibility in their responses. Another "given" is that the decision whether or not to drink is personal and should not be the decision of any federal agency. Dr. Chafetz stated that the Second Special Report on Alcohol and Health that went to Congress from NIAAA and the Secretary of HEW revealed that young people are switching from other drugs back to alcohol.

Dr. Chafetz stated that it is the nature of human beings to want to change their reality in order to deal with life (escape from boredom, internal/external pain, threat of mortality). A number of mechanisms exist (both chemical and non-chemical) to change one's reality. The real issue is: Can we as individuals hopefully choose mechanisms that do not destroy us or our society?

Dr. Chafetz then discussed the task force process. He offered that most of the things people have to deal with on a daily basis can be reduced to the mechanisms by which they problem solve. How can the task force make recommendations regarding problem-solving techniques or approaches for the American people?

Monday a.m., June 24,

ECS Welcome, Mason

Ben Mason, director of the newly created Department of Planning and Development at ECS, welcomed the members and added that ECS had been very thorough in the selection of the task

force members in order that such a group would indeed utilize a multi-discipline approach in addressing the problem of alcohol misuse.

Task Force Process, Peterson

James H. Peterson, ECS project director, reviewed the decisions made to date, where the task force is at present, and factors to consider in thinking about the task force's final product.

Peterson began by clarifying what is meant by the educational system. Broadly conceived, it includes a number of socialization agents such as the family, peer and reference groups, and community influentials. These agents all play a major role in shaping what happens to people. Rather than asking the traditional school system to assume more of a burden, it seems wiser and more feasible to distribute the responsibility for education among the other socialization agents as well. All these agents are actually delivery systems—vehicles used to get across messages or services. Impact is increased when other agents are involved in addition to the traditional school system.

Decisions already made by the task force were based on research to date and were briefly reviewed:

1. Alcohol abuse needs to be considered in the broad context of daily living problems. Alcohol abuse is really a by-product, a symptom of something else that has happened in daily living.

2. Primary prevention is the focus of the task force. A shifting of resources is needed so that problems can be avoided rather than dealt with on a crisis basis, which is the present orientation of this society. Resources can be conserved with such an approach.

3. Two choices are needed for responsible decision-making regarding alcohol: either the option not to drink or, if one drinks, to drink responsibly. In a free society, there have to be options because of the differing value systems people hold.

The goals of the task force were specifically mentioned:

1. To identify the types of alcohol abuse and related problems, who is affected, and what people are doing about the problem, i.e., their prevention strategies. This is the framework that the task force utilizes in analyzing all presentations.

2. To recommend alternative prevention strategies to the states. The ultimate goal is to help states identify their options and pinpoint their alternatives based on feasibility, appropriateness and implementation capability.

If such goals are to be achieved, there are two areas of need that should be considered simultaneously: the need for issues awareness building throughout the states and a broad-based involvement of the educational-political constituency.

There are two components of an educational approach to primary prevention. The first is the service, which is the information or the skills one is trying to transmit. Examples of service alternatives are attitude change, values clarification, decision-making, sensory stimulation. The second component is the delivery system—a way of getting the service to the people. Research has found that if the service portion like a reading program is generally correct, the critical variable is how it is delivered.

During the inquiry process, the task force will want to clarify both the service and delivery components. Within the service area, they will want to look at the information package, skills to be transmitted, the learning model used, the feasibility issues associated with such a program, and how one practically goes about implementing the service. Regarding the delivery system, the task force will want to explore the administrative structure, the kind of communication facilitation (e.g., media, family, school), feedback, reinforcement, monitoring, some regulatory or normative functions (e.g., law, school code), and the feasibility issues and specific implementation strategies related to all those elements. The feasibility issues and the "how-to's" of implementation are the crucial issues. Peterson suggested that the whole question of **how**

services are delivered may well be the crux of the issue when considering the entire problem of alcohol abuse.

Monday p.m., June 24, Luncheon Speech, Serlis

Harry G. Serlis, President and General Manager of the Wine Institute, the trade association of the California wine industry, was the first luncheon speaker. Serlis explained some of the facets of the institute's programs, including the consumer information activities program. These ongoing informational programs describe and encourage the proper and responsible use of wine and attempt to discourage some of improper attitudes by emphasizing the following key concepts:

- Drinking does not make one more mature or sophisticated.
- Overindulgence is unacceptable.
- Wine should not be urged on those who choose not to drink.

These programs try to encourage the attitudes that have traditionally prevailed in cultures with low alcoholism rates; for example, attitudes of those culture groups that use wine as a part of meals and that hold overindulgence as socially unacceptable.

Serlis stated that the Wine Institute, in its booklets, films, publicity materials and work with other communicators, presents a balanced picture of the history of wine, its types and uses, and uses information that corresponds to the best current scientific thinking. A basic belief of the Wine Institute is that alcoholism is a people problem and not intrinsic to any alcoholic beverage itself.

The thrust of all alcohol education is twofold: the public should know the potential dangers connected with misuse, and abusive attitudes should be discouraged. Positive examples and models need to be offered for those who do choose to drink. Serlis said his organization realizes that it is simplistic to think that merely providing material to the public will automatically make a concept widely accepted.

Therefore, the Wine Institute has produced no materials that simply deal with cautionary comments or negative information. A positive, integrated message approach is used, offering positive role models and concepts structured around the following specific thoughts:

- Wine is to be enjoyed for the flavor, not the effect. Wine should be sipped slowly and savored.
- Wine is best enjoyed in combination with food.
- Wine is best enjoyed in the company of family or friends in a relaxed and comfortable setting.

The institute continues to make a strong effort to establish parameters of proper use.

Monday p.m., June 24, Luncheon Speech, King

Henry King, President of the United States Brewers Association, Inc., was the second luncheon speaker. King spoke briefly of his association's work with law enforcement officials, the military and current medical research projects.

After the repeal of prohibition, the brewers industry found itself taking a very defensive posture. It felt a need for self-regulation, a need to conform to the state and local laws relative to the marketing and sale of alcoholic beverages. At that time, the industry was concerned with social misbehavior as it related to alcohol misuse (public drunkenness, auto accidents, vandalism, crime). Self-regulation started with the outlets contiguous to military bases, begun in 1940, and continues today. Pressures were brought to bear on retailers through law enforcement agencies, other retailers and community and religious groups. The purpose was to change the character of the retailer's business, not to put him out of business. This effort has retained a low profile through the years.

King stated that the brewers association has instituted a program called "Youth Understanding," in conjunction with alcoholic beverage control personnel, state highway authorities and

the police. Seminars were devised and are still in existence on college campuses. A more responsible use of the beverage is beginning to be seen, King said. College authorities have begun to open up the campuses for the sale of malt beverages as a result of the peer influence at work in a controlled environment. King stated that there is evidence that auto accidents and vandalism in college towns have been reduced.

Seventeen years ago, in cooperation with the Broadcasters Association and the Bureau of Alcohol, Tobacco and Firearms, the brewers industry set up guidelines for voluntary self-regulation in the area of advertising, recognizing that there would be a natural tendency to appeal to youth. The code is monitored by a panel of disinterested parties.

It was partially through the expressed beliefs and attitudes of Drs. Turner and Chafetz, then of Johns Hopkins University, and Thomas J. Donovan of the Licensed Beverage Industries, that the brewers began to realize that they had a responsibility to become part of the solution to alcoholism. Consequently, fieldmen are now attending the Rutgers School of Alcohol Studies, as well as other schools and seminars and are becoming trained in this area.

In 1969, a contract was established with Johns Hopkins University School of Medicine to create a medical advisory committee. This medical team, with Canada, Britain, and now Sweden, monitor the world medical literature. These countries hold a joint medical conference to investigate some of the problem areas in the field of alcohol abuse. Johns Hopkins has just been given a complete go-ahead to undertake basic research in the field of alcoholism.

The brewers industry recognizes that "we are a part of the problem, and we hope to be part of the solution," King said.

Tuesday p.m., June 25, Luncheon Speech, Senator Plymat

Senator William N. Plymat of Iowa, one of the founders and chairman of the Board of Preferred Risk Mutual Insurance Company of Des Moines, was the luncheon speaker on Tuesday. Senator Plymat explained that his insurance company writes auto insurance for people who do not use alcohol. He reiterated Dr. Chafetz's earlier statement that the use of alcohol is a personal, private decision.

Senator Plymat mentioned an article entitled "How to Fortify Young People against Social Pressure to Drink." He feels that many young people begin drinking against their desire but because of the social pressure of their peer groups. They need to be able to resist such social pressure, he stated.

The senator spoke of the teacher's role in the school. He said that a teacher can reveal all relevant information about the subject of alcohol, acting as a provider of information and avoiding advocating his/her own standard of conduct. He believes the abstinence point of view should be heard by the task force.

Senator Plymat feels there is a responsibility to tell what is known in the field and to indicate the limits of research. Research should be conducted in those areas where hypotheses lack adequate evidence and support.

Senator Plymat raised several other points. Alcohol is presented as a drug, but it is not treated as such. One talks about responsible drinking and teaching about it, but there is no talk about responsible smoking. We are still arguing about whether smoking is a habit or an addiction to nicotine. The senator stated that alcoholism is a neurosis, a psychological problem; people drink heavily because of an inability to cope with human problems.

Senator Plymat referred to some of the current research that is investigating hypotheses concerned with possible organic causes of alcohol addiction. One of his final thoughts concerned the difficulty of rehabilitation and the problem of evaluating the track record of rehabilitation hospitals and their approaches. Recovery from alcoholism is difficult; if young people knew the difficulties involved in getting rehabilitated, they might be more circumspect in their drinking conduct, he said.

E. The Fourth Meeting of the Education Commission of the States Task Force on Responsible Decisions about Alcohol: Summary Transcript

The fourth meeting of the ECS Task Force on Responsible Decisions about Alcohol was held October 13-15, 1974, in Santa Fe, New Mexico.

The major focus of this meeting was discussion of the working draft of the interim report. In addition to the work on the interim report, the task force members heard from four presentors. The presentors were:

Harold Mendelsohn, Professor and Chairman, Department of Mass Communications, School of Communication Arts, University of Denver

Malcolm Harris, President, Distilled Spirits Council of the United States, Inc.

Thomas E. Price, Executive Director, Council of State and Territorial Alcoholism Authorities

H. Eugene Hall, M.D., Chief of Pathology, United States Public Health Service Hospital, Seattle.

Some of the major points brought out in the presentations were:

Mendelsohn: Mass Communications

- We can no longer cling to the old-fashioned notion that mass communication messages act directly and immediately upon indivduals.
- The new social science approach has demonstrated that factors of personality, socio-economic positions, prior interest and commitment, mass media habits, placement in informal networks of face-to-face communication, and individual motivation serve in varying complex ways to predispose people to mass media messages.
- The new orientation to mass communications sees the media as only one element in complex persuasive situations.
- If we are to be effective communicators, we must recognize that man is a complex organism who is partially rational and partially irrational.
- Changes in information levels are not necessarily accompanied by changes in attitudes.
- Research evidence has shown that rather than converting audiences, the mass media serves essentially to reinforce what people may already believe or do, or what they would like to believe or do. Furthermore, the mass media reinforces, more often than not, what audiences have already learned in the past.
- We must end the confusion between mass education and mass persuasion in public health. Education seeks to simply expand the intellectual horizons of the individual so that that person ultimately can make rational choices from among alternatives. It does not seek to change behavior. Persuasion, on the other hand, tries to limit choices and control precepts to the degree that audiences begin to pursue only those goals that the communicator wants them to pursue.
- We must turn to new vistas, to untried, imaginative communications techniques. This can be done only by bringing professional communicators together with communication scientists to work out these new modes of mass persuasion empirically and in tandem.

Price: Values Clarification

- We need to take a closer look at the function of values in order to understand better the role of alcohol use in our society. We need to be clear and explicit in our deliberations about what we mean by responsible decision making.
- Values clarification is a promising teaching technique insofar as it offers practical strategies for helping persons understand the importance of values in the decision-making process. The proper use of this process requires the transmitting of such values as respect for persons and tolerance for difficult beliefs and practices, as well as other highly prized values.
- Attention to values and their functions in the personal and social environment will enable the task force to avoid those twin pitfalls of moralizing and/or indifference. We need to decide what kind of persuasive message we want to communicate and then do it.
- Many persons are often confused and bewildered by competing values claims. They often have no way of deciding what is worth valuing.

This confusion calls for a means of values clarification. Learning how to make value judgments is an important coping skill.

- We need to state in a **positive** way the values we articulate in the statements we make.

Harris: Industry Involvement

- The liquor industry should become involved with other agencies that are working on the problems of alcohol abuse. This includes the area of alcohol education as well as scientific research.
- Advertising alone is not going to change the problem drinker's habits. It can alert people to the dangers involved in certain behaviors for the purpose of increased awareness.
- For too many years, we have relied almost totally on classroom alcohol education, often with inaccurate or inadequate material. We need to look at the possibilities of an expanded educational delivery system including many facets of the community.

Dr. Hall: Physiological Effects of Alcohol Abuse

- Generally speaking, the full physiological impact, direct or indirect, of alcohol ingestion is not understood by many people.
- Much of the physiological damage resulting from the abuse of alcohol is irreversible.
- Properly used, alcohol may be one of the least expensive and safer sedatives we have available.
- From the standpoint of pathophysiology, we know a great deal about the problem of alcohol abuse and alcoholism. We need to know much more about the psychological aspects of the problem.
- While much of the scientific medical research regarding the destructive physiological consequences of alcohol abuse is empirically sound, one should be cautious in making wide sweeping assumptions based on studies that offer only inconclusive findings.

Sunday p.m., October 13, Welcome, Governor West

The following summary highlights this fourth task force meeting.

The chairman of the task force, Governor John C. West, opened the meeting by welcoming the task force members and guests to Santa Fe, New Mexico. Senator Bennett D. Katz, vice chairman, shared the responsibilities for conducting the meeting. Governor West discussed the work of the task force and the progress that has been made during the first year. He indicated that the major focus of this meeting was to discuss the interim report.

Governor West expressed his appreciation to task force members David Norvell and Wendell Chino as co-hosts of the meeting.

NIAAA Welcome, Sands

Edward S. Sands, special assistant to the Director of the Division of Prevention, NIAAA, read a message from Morris E. Chafetz, M.D., conveying his regards and support. Sands also referred to the establishment of the Bureau of Health Education and the possible importance of task force findings to this new agency.

Monday a.m., October 14, Interim report, Governor West and Peterson

Governor West opened the Monday morning session by calling on James H. Peterson, ECS project director, to present an overview of task force reactions to this interim report. Continued discussion of the interim report followed.

Monday p.m., October 14, Interim report, Vice Chairman Katz

Following a luncheon address by Malcolm Harris, Vice Chairman Katz opened the afternoon session calling for further discussion of the interim report. Also during this session, the task force heard from Harold Mendelsohn.

Tuesday a.m., October 15 Closing Session

During the Tuesday morning session, the task force members heard from Thomas E. Price and H. Eugene Hall, M.D. After a discussion about the program for the next meeting, the fourth task force meeting was adjourned.

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Education Commission of the States

WESTERN REGIONAL WORKING CONFERENCE ON THE PREVENTION OF ALCOHOL MISUSE: A REPORT TO THE EDUCATION COMMISSION OF THE STATES TASK FORCE ON RESPONSIBLE DECISIONS ABOUT ALCOHOL

CG 009 940

October 22-25, 1974

Long Beach, California

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I. INTRODUCTION

The Western Regional Working Conference on the Prevention of Alcohol Misuse was held October 22-25, *1974, in Long Beach, California.* The conference was hosted by the California Office of Alcohol Program Management and the California State Department of Education, under the sponsorship of the Education Commission of the States. The Commission's Task Force on Responsible Decisions about Alcohol is funded in part by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Through a partnership arrangement with NIAAA, the Commission's task force will be examining approaches to prevention of alcohol abuse and alcoholism in the context of daily living experiences through the cooperative efforts of federal, state and local groups. Reports focusing on alternative educational approaches and implementation strategies will be issued periodically by the task force to the states. A final report on recommendations will be completed in 1976.

The California conference brought together, from each of the 12 western states and Guam, representatives of state departments of education state alcohol agencies, youth, the juvenile justice system, school boards and communities-at-large. In addition, observers from Michigan, Tennessee, New York, Maryland, North Dakota, Washington, D. C. and California were present.

The three major conference objectives were:

1. Consideration of a variety of issues related to alcohol abuse and relevant daily living problems and identification of those that are significant in the planning of prevention programs.
2. Contribution to the development of guidelines to include a suggested philosophy for prevention programs and criteria that would serve as a basis for educational strategies adaptable to the home, school and community.
3. An exploration of approaches that might be implemented by state and local agencies concerned with the prevention of alcohol abuse and related daily living problems.

To reach these objectives, seven working sessions were designed to:

1. Focus on the intended outputs of the conference
2. Introduce key issues to consider in planning educational programs for the prevention of alcohol misuse
3. Provide for group analysis of the issues
4. Allow for participant feedback and reaction to prioritized listings of the issues
5. Identify criteria to be considered in developing guidelines for alcohol education programs
6. Focus on the potential approaches for implementing alcohol education programs at the state and local levels
7. Analyze potential approaches.

As a result of their meetings, conference participants developed:

1. A list of issues, ranked by each of the groups in order of importance, that are significant to the planning of education programs for prevention of alcohol abuse and related daily living problems
2. An inventory of criteria to be considered in the development of guidelines for prevention programs
3. A list of potential approaches for implementing prevention programs appropriate for state and local agencies and organizations.

II. THE MAJOR PREVENTION ISSUES

Alcohol abuse prevention issues can be as numerous as the individuals identifying them; however, data that has been made available through searches of the literature, discussions with a variety of state, local and national sources, and specialists in prevention led to the development of a synthesized listing of major prevention issues for consideration by the conference participants. These issues were presented as a continuum to show the polarization of views represented in addressing each issue. The following is the order that conference participants assigned to these major issues:

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1. Should alcohol education programs be approached in terms of knowledge development or upon the development of values and attitudes?

2. Should the majority of federal, state and local resources be directed toward primary prevention and intervention programs or toward treatment programs in order to reduce problems associated with alcohol abuse?

3. Should we attempt to control the missuse of alcohol through legislation and enforcement activities or encourage the individual to pursue alternatives to alcohol misuse which are acceptable to society?

4. Should we focus upon the prevention of alcohol misuse to improve society or should we improve the quality of life in our society in order to prevent the misuse of alcohol?

5. Are youth to "own" the alcohol problem or are we going to view the problem as it affects the total population?

6. Should alcohol education programs focus upon approaches which lead to abstinence or responsible drinking practices?

7. Should federal and state leadership determine program directions or should the local community develop and direct its own response through autonomous needs assessment?

8. Should the evaluation of alcohol education programs be based upon a reduction in alcohol consumption or diminishing human problems associated with alcohol use?

III. SUGGESTED GUIDELINES

In light of the many problems surrounding prevention issues, it becomes necessary to consider specific guidelines useful in developing strategies for program direction. Several significant areas of focus are helpful in organizing such suggestions into a workable format. The following is a summary of the guidelines developed by conference participants.

A. Needs Assessment

Participants seemed to feel that it was important to have a well-defined needs assessment as a basis for defining and delimiting any comprehensive prevention programs. This needs assessment was perceived as critical to the development of a program that ought to be designed to meet the particular needs of a local community or a given state. By utilizing an interdisciplinary group in coordinating the needs assessment, the process of two-way communication among all members of a community or state can be accomplished. Suggested guidelines for this needs assessment were:

1. In conducting a needs assessment, there needs to be some flexibility so that contributions can be made not only from those persons with experience who are currently working in the area of the prevention of alcohol misuse, but also from other intuitive and creative people.
2. Community members, parents, educators, alcohol personnel and professionals, as well as the "target group," should be involved in the planning, implementation and evaluation of the program.
3. The needs assessment should focus on such things as:
   a. Defining what the program is attempting to prevent
   b. Determining those motivations for individuals with drinking problems
   c. Determining viable sources of funding for the program (national, state, local).

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4. Community/state resources that can be used to deal with the problem must be identified.

5. Workable relationships between professional and private helpers and well-known influential community members need to be established.

B. Program Planning, Implementation and Operation

The effective implementation of comprehensive programs focusing on the prevention of alcohol misuse and other daily living problems was seen by most participants as an urgent and immediate problem. They felt that education should expand beyond the limited involvement of the formal education system to include the family, the community, religious organizations, etc. Once guidelines have been established for the direction and philosophy of the program, the following might be considered:

1. Goals and objectives of the program
   a. Programs should have a set of well-defined and measurable goals and objectives.
   b. Goals and objectives should be developed to reflect both long- and short-range achievements.
   c. Goals and objectives should allow for local autonomy, should reflect the philosophy and values of the community/state and should be responsive to changing needs.
   d. The goals and objectives of the program should provide not only for primary prevention, but also for early intervention and treatment.
   e. The goals and objectives of the program should reflect latitude within individual communities to deal with problems unique to their setting, i.e., ethnic; geographic and cultural differences.

2. Scope and content of the program
   a. The program should be comprehensive in scope, starting at the prekindergarten level

and extending through the formal education system's grade levels. The program should include continuing education programs, such as college and adult education.

b. Program elements and activities should be included to place emphasis on attitudes and decision-making (affective) and information (cognitive).

(1) Factual and valid information should be included that is appropriate to the target group and useful in the decision-making process.

(2) The concept of what constitutes responsible use and misuse of alcohol should include both acceptable uses of alcohol and the option of abstinence.

(3) Information should be relevant to the needs of the target population, should avoid any judgmental thrust and should avoid scare tactics.

(4) The program should also encompass the areas of self-image, human needs, responsibility, decision making and personal values.

c. The program should recognize that alcohol abuse may be the symptom and not the problem and should take into consideration those factors that motivate people to misuse alcohol.

d. Alcohol education should provide for positive social alternatives to the misuse of alcohol and develop attitudes that help individuals utilize available alternatives.

e. The program should focus not only on alcohol misuse but also include the interrelationship between the misuse of alcohol and other substances.

f. The alcohol education program should be included in a comprehensive health education plan as well as integrated, where it is appropriate, into the total curriculum.

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g. Alcohol education programs should reflect that alcohol misuse is not just an individual problem but also a family problem and a human problem.

h. A system should be created for making the recipients and the general public aware of problem drinking and alcohol misuse and barriers around problem-drinking behavior.

3. Methodology

a. Alcohol education programs need to be coordinated at all levels within the state and community, utilizing existing resources and programs and avoiding duplication of effort.

b. An effective prevention program must utilize other proven techniques, both federal and local models, and adapt them for specific needs of the local target group.

c. The program should make use of an interdisciplinary approach, utilizing a variety of people with special skills and expertise. The program should provide opportunities that will allow the maximum opportunity for these people to contribute to the program's operation.

d. The program should be guided by an advisory group representing a broad spectrum of the community the program serves.

e. The prevention program should cover not only the formal education system but should also reach into such areas as treatment programs and agencies, correctional institutions, service groups and other community and business organizations.

f. If maximization of a program is to be achieved, the following should be included:

(1) Center upon responsible individual decision-making rather than only identification of facts

(2) Give preference to persuasion rather than to control

(3) Emphasize the worth of the individual and provide for positive role models

(4) Present all materials in a spirit of genuine concern, emphasizing personal commitment and responsibility

(5) Include values clarification and values awareness teaching techniques

(6) Recognize the utilization of peers in the operation of the programs

(7) Reflect on particular cultural and ethnic values, customs and practices

(8) Provide for education for parents, including awareness of positive role models, and appropriate use and/or non-use of alcohol.

g. Only persons who have met certain qualifications or have received specific training, which includes understanding of current prevention approaches, should be given responsibilities in the program.

h. Attributes of persons assigned program responsibilities should include:

(1) Competence to perform assigned responsibilities

(2) Perceived approachability

(3) Communicated warmth and interest

(4) Empathy for adolescents and people with alcohol problems

(5) Capacity for sustained listening

(6) Personal integrity

(7) Willingness and ability to work with community resources and agencies

(8) Knowledge about current issues, information and resources related to the misuse of alcohol

(9) Good examples and role models as related to personal use of alcohol.

i. The program should reduce and not add to environmental conditions that might lead to the misuse of alcohol.

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4. Media and materials

   a. Programs should reflect the effective use of media in both the operation of the program and the dissemination of information about the program.

      (1) Materials that are locally produced should be a part of the program.

      (2) Development of content of materials should focus on and be relevant and acceptable to all intended populations.

      (3) Techniques for the creative use of media and materials should be demonstrated to program personnel.

      (4) The use of educational TV should be encouraged for both classroom and community aspects of the program.

      (5) Advertising for increased public awareness of the problem of alcohol misuse should be a part of the program.

   b. Programs should include not only the use of media but should also make use of media production organizations for the planning, operation and evaluation of the program.

5. Support

   a. The program should have a mechanism for coordinating and capitalizing on resources of existing appropriate agencies and institutions to:

      (1) Include broad legislative support

      (2) Seek support from all relevant intergovernmental agencies

      (3) Develop a basis of support from the community in which it functions.

   b. The program should be adequately funded and started within a minimum of financial resources.

   c. If programs are not funded on a long-term basis, mechanisms for continuing community support should be built in at the outset of the program.

6. Training
   a. Preservice training programs for instructors, other professionals and paraprofessionals should be available through universities, community colleges and other continuing education agencies.
   b. Inservice training programs should be conducted for all teachers, counselors, health workers, community workers, parents and all program staff and should make use of interdisciplinary training procedures.
   c. Training should be provided for the members of the target group to prepare them for work with their peers.
   d. Training programs need to help staff members deal with their own biases and become more aware of their own values as they relate to the use and misuse of alcohol.

C. Program Evaluation

It became apparent in reviewing the suggested guidelines that program evaluation is an important part of the overall approach to the prevention of the misuse of alcohol. Whether or not the program was accomplishing its objectives was critical to public and governmental acceptance not only of that particular program but of other alcohol programs as well. The establishment of program credibility now would be more conducive to the formation of additional prevention programs in the future. Guidelines to program evaluation might include the following:

1. Realistic evaluation goals, for which process as well as outcome evaluation will be used, should be established at the inception of the program. The program should be evaluated in accordance with those goals.
2. Decisionmakers should be involved at all levels of carrying out and evaluating the program and the effectiveness of the services it is performing.
3. When appropriate, evaluation should be conducted by an independent party or a person who can remain objective and unbiased.

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4. Evaluation should be conducted on an ongoing basis and provide continuous feedback for the operation of the program.
5. Data and results of the evaluation should be stated in clear, concise and easily understood concepts.
6. Materials used in the program should be reviewed and evaluated to determine their effectiveness and appropriateness for the target population.
7. Results of the program evaluation should be recorded and distributed to appropriate individuals, groups and agencies on a regular basis.

IV. SUGGESTED APPROACHES

A clearly defined set of guidelines offers a realistic point to begin formulating specific approaches that might be used to fulfill the tasks as previously determined. The following suggestions for initiating prevention programs are among those offered by conference participants:

1. Utilize existing social and political organizations to establish a power base.
2. Develop or tie into a single major advisory group in setting prevention program guidelines for entire state or county.
3. Create a statewide task force team to determine priorities.
4. Provide for coordination among like agencies/groups.
5. Set up local councils of youth to search for alternatives in prevention programs.
6. Develop a comprehensive prevention model that would include all factors influencing education and that could be modified to meet individual differences and needs.
7. Develop an education package to include:
   a. Needs assessment of existing efforts

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b. Training for public and private agencies

c. Program evaluation

d. Sociocultural aspects of alcohol misuse

e. Development of statewide on-going mass media programs.

8. Pursue national, state, regional and local funding, consultation and personal resources.

9. Locate program resources to aid planning and implementation (factual, attitudinal and informational skills). This is the awareness phase to publicize and educate the community.

10. Use existing resources, including alcoholism programs, state and local authorities, advisory boards, etc., to insure integration and coordination of efforts.

V. SUMMARY OF INQUIRY PROCESS

The material included in this document is representative of a large body of information that is being collected by the Education Commission of the States Task Force on Responsible Decisions about Alcohol. Over a two-year period, the task force will be soliciting information — through national inquiries, conferences, state meetings and other processes — to prepare reports for the states on recommendations of alternatives for planning and implementing state educational programs for the prevention of alcohol abuse and alcoholism in light of the stresses of everyday living.

The contributions of participants from Alaska, Arizona, California, Colorado, Hawaii, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming and Guam enabled this publication to be prepared. A complete description of the proceedings of the Western Regional Working Conference on the Prevention of Alcohol Misuse can be obtained from the Education Commission of the States, Suite 300, 1860 Lincoln Street, Denver, Colorado 80203.

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TUESDAY, OCTOBER 22, 1974

1:00 - 3:00 p.m.
Pre-registration

3:00 - 6:00 p.m.
Resource Exchange ..... Chairperson:
James H. Peterson, Ph.D.
Project Director, Education Commission of the States Task Force on Responsible Decisions about Alcohol

7:00 - 9:00 p.m.
Evening Banquet
Introduction of Speaker ..... Mr. Ben Mason
Director, Department of Planning and Development, Education Commission of the States

Speaker ..... The Honorable Bennett D. Katz
State Senator, Maine; and Chairman, New England Board of Higher Education

WEDNESDAY, OCTOBER 23, 1974

8:00 - 9:00 a.m.
Registration

8:45 - 9:00 a.m.
Coffee and Rolls

9:00 - 11:45 a.m.
MORNING SESSION
Opening Remarks
and Introductions ..... Mr. Loran Archer
Director, Office of Alcohol Program Management, State of California

Welcoming Address ..... The Honorable Ronald Reagan
Governor, State of California

Working Session Focusing on Intended Outputs of Conference
Keynote Address ..... Morris E. Chafetz, M.D.
Director, National Institute on Alcohol Abuse and Alcoholism

12:00 - 1:15 p.m.
LUNCHEON

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Introduction of Speaker ..... Mr. Ben Mason
Director, Department of Planning and Development, Education Commission of the States

Speaker ..... The Honorable John C. West
Governor, State of South Carolina; and Chairman, Education Commission of the States Task Force on Responsible Decisions about Alcohol

1:30 - 5:00 p.m.
AFTERNOON SESSION

Introduction to Issues Significant to Planning Educational Programs Leading to the Prevention of Alcohol Misuse

Group Analysis of Issues

THURSDAY, OCTOBER 24, 1974

8:45 - 9:00 a.m.
Coffee and Rolls

9:00 - 11:45 a.m.
MORNING SESSION

Participant Feedback and Reactions to Prioritized Listing of the Issues

Address ..... Donald A. McCune, Ed.D.
Director, California State Department of Education, Drug and Alcohol Education Training Program

12:00 - 1:15 p.m.
LUNCHEON

Speaker ..... Mr. Donald G. Phelps
Director, Division of Prevention, National Institute on Alcohol Abuse and Alcoholism

1:30 - 5:00 p.m.
AFTERNOON SESSION

Working Session Focusing on Identification of Criteria to be Considered in Developing Guidelines for Alcohol Education Programs

FRIDAY, OCTOBER 25, 1974

8:45 - 9:00 a.m.
Coffee and Rolls

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9:00 - 11:45 a.m.

MORNING SESSION

Working Session Focusing on Potential Approaches for Implementing Alcohol Education Programs at the State and Local Levels

12:00 - 3:00 p.m.

LUNCHEON AND CLOSING SESSION

Panel Interview — Moderator: H. Eugene Hall, M.D.
Washington State Board of Education and Education Commission of the States Task Force Member

Conference Summary

3:00 p.m.

ADJOURN

Conference Chairpersons: Donald A. McCune, Ed.D., and Mr. James S. Lindberg
Coordinator, Alcohol Education Project

Participating States and Territories

Alaska
American Samoa
Arizona
California
Colorado
Guam
Hawaii
Idaho
Montana
Nevada
New Mexico
Oregon
Utah
Washington
Wyoming

Education Commission of the States

The Education Commission of the States is a nonprofit organization formed by interstate compact in 1966. Forty-seven states and territories are now members. Its goal is to further a working relationship among state governors, legislators and educators for the improvement of education. The Commission offices are located at 300 Lincoln Tower, 1860 Lincoln Street, Denver, Colorado 80203.

Education Commission of the States

SOUTHEASTERN REGIONAL WORKING CONFERENCE ON THE PREVENTION OF ALCOHOL AND DRUG ABUSE: A REPORT TO THE EDUCATION COMMISSION OF THE STATES TASK FORCE ON RESPONSIBLE DECISIONS ABOUT ALCOHOL

CG 009 940

July 28-31, 1974

Knoxville, Tennessee

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I. INTRODUCTION

The Southeastern Regional Working Conference on the Prevention of Alcohol and Drug Abuse was held July 28-31, 1974, in Knoxville, Tennessee. The conference, hosted by the State of Tennessee, was sponsored by the Education Commission of the States and was attended by representatives from 12 states. The Commission's Task Force on Responsible Decisions about Alcohol is funded in part by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Through a partnership arrangement with NIAAA, the Commission's task force will be examining approaches to prevention of alcohol abuse and alcoholism in the context of daily living experiences through the cooperative efforts of federal, state and local groups. Reports focusing on alternative educational approaches and implementation strategies will be issued periodically by the task force to the states, with a final report on recommendations to be completed in 1976.

The purpose of the conference was to develop an awareness of the issues involved in the area of alcohol and drug abuse and to solicit reactions and recommendations as to how the educational system might respond more effectively in the prevention of such abuse. The major goal of the session was sought through presentations and sharing of information by selected state representatives from the following categories: (1) students; (2) principals and classroom teachers; (3) school system administrators; (4) school board members; (5) parents; (6) alcohol agency personnel; (7) postsecondary teacher training personnel; (8) law enforcement authorities.

This report of the conference includes the agenda, workshop presentors and participants' recommendations.

II. AGENDA

Southeastern Regional Working Conference on the Prevention of Alcohol and Drug Abuse

PROGRAM

Sunday—July 28, 1974

2:00-5:00 P.M.	Registration
7:00-8:30 P.M.	State meetings

Monday—July 29, 1974

9:00 A.M.	Orientation by Conference Chairman – Mildred Doyle, Superintendent, Knox County School System Introduction – Benjamin E. Carmichael, Commissioner, Tennessee State Department of Education Welcome – Winfield Dunn, Governor, State of Tennessee Introduction – Ben Mason, Director, Department of Planning and Development, Education Commission of the States Keynote – John C. West, Governor, State of South Carolina
10:00 A.M.	GROUP SESSION I
10:45 A.M.	Introduction of Speaker – James M. Gumm, Director of Safety Education, Tennessee State Department of Education Address – Kenneth Blum, Assistant Professor of Pharmacology, The University of Texas Health Science Center
12:00 Noon	Luncheon
1:15 P.M.	GROUP SESSION II

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2:30 P.M.	Introduction of Speaker – Robert Sharp, Chief, Legal Affairs, Tennessee State Department of Education Address – Robert Phay, Professor, Institute of Government, University of North Carolina
3:00 P.M.	GROUP SESSION III
4:30 P.M.	Adjourn
	Tuesday—July 30, 1974
9:00 A.M.	Opening Remarks
9:10 A.M.	Introduction of Speaker – Edward S. Sands, Special Assistant to the Director of the Division of Prevention, National Institute on Alcohol Abuse and Alcoholism Address – Jan de Lint, Senior Scientist, Addiction Research Foundation, Toronto, Canada
10:00 A.M.	GROUP SESSION IV
11:00 A.M.	Introduction of Speaker – C. Richard Treadway, Commissioner, Tennessee State Department of Mental Health Address – Donald G. Phelps, Director, Division of Prevention, National Institute on Alcohol Abuse and Alcoholism
12:00 Noon	Luncheon
1:15 P.M.	GROUP SESSION V
4:00 P.M.	State Meetings
5:00 P.M.	Adjourn
7:00-9:30 P.M.	Banquet
	Wednesday—July 31, 1974
9:00 A.M.	Opening Remarks – Mildred Doyle
9:10 A.M.	Group Reports

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11:00 A.M.	Panel Discussion – Consultants: Kenneth Blum Robert Phay Jan de Lint Task Force Members: Thomas J. Donovan Mrs. Walter G. Kimmel Agnes Wilson NIAAA Member: Edward S. Sands Moderator: James H. Peterson, Project Director, Education Commission of the States Task Force on Responsible Decisions about Alcohol
12:15 P.M.	Conference Summary – Mildred Doyle
12:30 P.M.	Adjourn

III. CONFERENCE RECOMMENDATIONS

This conference was attended by representatives of 12 states: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee and Texas. The following are summaries of recommendations of the eight groups into which the representatives were divided based upon interest, expertise and area of current involvement.

A. STUDENTS

1. We want to see more student input in school policies. This would give us a responsibility to ourselves to decide *for* ourselves how much we can handle. It would also enable us to work closely with our faculties and become more aware of their concerns.

2. Regarding the credibility of guidance counselors, the question of legal confidentiality has come up many times in all groups, but we find ourselves more concerned with the counselors' *ability* to relate to students. The word guidance is very important. We are concerned that our counselors have become identified with the role of "schedule distributors" rather than the

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person on campus to go to with a school or family problem.

3. From our different areas we see there are different administration attitudes toward dealing with the discipline of first offenders.

4. We would recommend unstructured classroom sessions for rapping about student concerns, not necessarily just about drugs or alcohol, although they are concerns that will come up. Also involved in this is peer group counseling. Student-to-student communication is very relevant to us.

5. Our idea of a good health class is one that focuses mainly on *prevention*. We are tired of being "at" and "down" about drugs. Why not start at the beginning? Help the student cope with the problems that could lead to drugs. The reasons for dependence on a drug are, of course, emotional and psychological, as well as learning to relate to others, understanding yourself and *coping* with social problems.

B. PRINCIPALS AND CLASSROOM TEACHERS

We recommend:

1. That the school accept responsibility for making the community aware of the need for a program aimed at prevention of alcohol and drug abuse.

2. That training programs concerned with alcohol and drug education be set up for all school personnel at all levels. We are including superintendents, supervisors, principals and teachers. These programs would combine affective and cognitive learning, emphasizing the importance of understanding attitudes and learning classroom techniques dealing with helping students develop positive attitudes toward life. We urge that an effort also be made to make known all the available community resources so as to have a team approach in such a program.

3. That alcohol/drug education programs begin in kindergarten, emphasizing the importance of individuals clarifying their own set of values rather than a strictly pharmacological program, and that these programs be correlated with the existing curriculum. It is felt, though, that teachers must be well versed in in-

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formation, sources and references concerning alcohol and drugs so that correct answers can be provided the students.

C. SCHOOL SYSTEM ADMINISTRATORS

We recommend that administrators should:

1. Take positive steps to eliminate the hypocrisy in standards set for behavior of all persons associated with the school, especially themselves, giving particular emphasis to eliminating the variations between student and staff.

2. Become familiar with all aspects of the problem prior to dealing with drug abuse incidences and rendering leadership.

3. Include teachers, parents and students in policy making and curriculum development.

4. Assume leadership in developing written policies regarding drug-related problems, emphasizing positive alternatives rather than punitive action.

5. Exert efforts to secure adequate staffing at the local level to assist pupils in selecting positive goals and thereby eliminating the need for use of drugs.

6. Develop effective programs both in teacher training and inservice programs to prepare teachers and other school personnel to work effectively in affective education.

7. Work toward legislation that would both limit production of dangerous drugs and encourage controlled distribution.

8. Develop and implement immediately a comprehensive health education program incorporating such activities as value clarification, decision making and communication skills.

9. Implement effective follow-up procedure policies for those students returning to the school environment following professional treatment and rehabilitation.

10. Develop a policy regarding drug abuse incidences that allows flexibility in application.

11. Be aware that terminology will many times have an influence on program implementation.

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D. SCHOOL BOARD MEMBERS

The school board has the responsibility to provide the leadership and set the atmosphere that gives priority to the development of the student as a full person, mentally and physically. This includes instruction, within a comprehensive education program, to prevent alcohol and drug abuse. We believe this could be developed through good school board policies relating to prevention of alcohol and drug abuse.

It is our recommendation that these policies should be concerned with:

1. The development of coping skills of children as they mature.

2. Continuing education and inservice training in behavioral sciences for teachers and administrators.

3. Inservice training for school board members, utilizing community resources and state department of education personnel and Education Commission of the States personnel, with specific reliance on the state school board association and the National School Boards Association.

4. Exploring and implementing all available alternatives for the well-being of the student with a drug or alcohol incident prior to terminating association with the student.

E. PARENTS

We recommend the following:

1. Re-assess the total school program to make it exciting and challenging to every student. If the educational system is not producing the results that we want, then it is time that we say so. We need to look at education in terms of providing for the real needs of all the students. Every child should have the choice between going to college or following whatever other type life he/she chooses and should be allowed to feel that this choice is honorable and worthwhile.

2. Expanded comprehensive health education for K-12 for all school systems in the nation. We have, in the past, attacked separately the problems of drug abuse, alcohol abuse, venereal disease and sex educa-

tion. Schools have become the dumping ground for measures designed to correct all the problems with which families and communities have not dealt.

One total comprehensive health education program would end fragmented efforts by encompassing mental and physical health and well-being.

3. It is absolutely vital that factual and up-to-date information about drug and alcohol abuse be disseminated from a central source to the total community. Facts alone cannot prevent drug/alcohol abuse, but we must have this solid base of accurate information to fall back upon.

4. A coalition of all agencies and community groups concerned with drug/alcohol abuse is desirable to influence necessary legislation and secure funds for services needed in the community.

F. POSTSECONDARY TEACHER TRAINING

We recommend the following:

1. Consider alcohol abuse in the context of the total drug abuse problem and related problems rather than as a completely isolated approach.

2. Use an interdisciplinary approach not only as an educational vehicle, but as a means of improving communications within the university administrative structure.

3. Use the abundance of academically qualified persons now seeking employment at the college level to be more selective in recruiting personnel to work in the area of drug abuse prevention. Give consideration to factors other than academic credentials.

4. Encourage expansion of university drug abuse prevention programs beyond teacher training to the entire university community and into the community outside university walls.

5. If necessary in order to seek funding or to gain acceptance among laymen or teachers, begin programs with specific information about alcohol and other drugs. But then move into areas such as understanding self and others, communications skills, value clarification processes and decision making as possible

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means of preventing underlying problems that may result in drug misuse and abuse.

6. Use a communitywide approach to deal with the problem. Universities, law enforcement agencies, churches, civic and professional groups, parent groups, students and others must have a voice in program planning, implementation and evaluation.

7. Minimize the emphasis on short-term evaluation programs in terms of percentage of drug-related problems.

8. Increase emphasis on follow-up studies and reports on persons involved in teaching or participating in drug education programs. Do not put people through a program, then leave them without support in their daily experiences.

G. ALCOHOLISM TREATMENT OR REFERRAL

We recommend:

1. Primary Prevention
   a. Educate the general public through methods now available and those to be developed in the future about the facts of alcohol and drug abuse and about the causes of these abuses (emotional, environmental, medical, etc.) in order to remove the stigma of drug abuse and to create broad awareness of the problems and a dedication to their solutions.
   b. Teach decision-making skills as an integral part of school curricula grades K-12.
   c. Make positive self-concept development an integral part of school curricula grades K-12.
   d. Disseminate factual information on all substances of possible abuse nature.
2. Secondary Prevention
   a. Early identification and intervention in behavioral and/or medical problems.
   b. Crisis intervention at all levels.
   c. Habilitation.
3. Tertiary Prevention
   a. Treatment of the socially dysfunctional abuser.
   b. Rehabilitation.

4. Addendum

Prior to the successful implementation of this alcohol and drug abuse prevention plan, the establishment of the following factors is mandatory:

a. Review and, if necessary, recodify federal, state and local statutes pertaining to alcohol and drugs.

b. An intensive campaign of education and training for all persons involved in the legal system, stressing methods of human intercommunication and the establishment of personal value systems.

c. All programs should be required to have mandatory procedures for quantitative and qualitative evaluation and subjective assessment by the community at regularly specified periods of time.

d. The absolute confidentiality of all records – medical, legal, school, insurance and all others – shall be protected by law, providing severe penalties for offenders; and all records except those that are strictly demographic shall be expunged after a period of five years, or upon graduation from high school and/or college, or upon termination of treatment.

H. LAW ENFORCEMENT

1. Regarding educational institutions, law enforcement officials recommend that state boards of education, with the guidance and leadership of the attorney general of their respective states, draft rules and procedures to be recommended to local boards of education. These rules and procedures should be adapted to each local entity through a working relationship of the board, local law enforcement officials and the judiciary.

2. Regarding the Uniform Alcoholism Act, we would like to call attention to the fact that if statutory limitations on the abuse of alcohol are abandoned or decriminalized, we, then, will have no authority under the U. S. Constitution to detain and transport a person who is under the influence of alcohol. We have certain legal authorities that demand us to deal with social drinkers, problem drinkers, alcoholics, etc., through a

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criminal process that will give us the legal right to detain and transport such persons to designated areas.

We further recommend that instead of placing the responsibility on law enforcement to transport alcohol-influenced people to treatment facilities, these individuals should be transported to the local enforcement and confinement facility for screening by a proper authority.

We solicit constructive efforts mutually conceived by mental health agencies and law enforcement to devise treatment possibilities in lieu of confinement, provided these opportunities are legislated and appropriations made for adequate personnel and facilities.

3. Regarding responsible alcohol education, law enforcement officials would like to offer a challenge to this conference. There appears to be a general feeling among conference participants that there is no real or positive answer to the problem of alcohol-related situations.

The role of law enforcement is one of identification, without which many other agencies could not function. Rather than keeping status quo, it would be desirable to develop viable objectives toward alleviating the problem of alcohol abuse. It is evident from the prohibition era and attempts by the various political subdivisions that restricting or regulating the sale of alcohol is not the answer.

We recognize the burden that educators have in attempting to adequately cover all desirable subjects due to time and personnel limitations. However, the mandate for responsible and comprehensive education concerning alcohol and its related problems is manifest. We, therefore, recommend that alcohol education programs be designed for implementation in the total school system rather than be confined almost exclusively to the driver education curriculum.

IV. MAJOR ADDRESSES

KEYNOTE ADDRESS

The Honorable John C. West
Governor, State of South Carolina

People have been striving to solve the problems of alcoholism ever since the first grape was fermented and the strong-tasting juice was sampled. We have not lacked, over the generations and over the centuries, any awareness of the existence of the problem of alcohol abuse. But judging from the scope and magnitude of the problem as it presents itself in 1974, we have not been very successful. Society has from time to time approached alcoholism as everything from a sin to a crime, and many citizens still view it as one or the other, or as both.

In developing the approach I shall discuss, however, we (the Education Commission of the States Task Force on Responsible Decisions about Alcohol) endeavored not to pass any judgments about the moral or legal implications of alcohol abuse. Rather, we have tried to look upon its social ramifications, and in that context, to treat it as a human problem. We have looked for approaches in the realistic and the workable realm, and we have structured those approaches so that we can strive for achieveable goals and solutions. The generations and the centuries of failure and futility in meeting the problems of alcoholism should not be a source of frustration, but rather they should provide a back-drop of urgency and incentive for our present efforts.

We begin by saying to ourselves that we do not have the answers, but we do have the inclination and the resources to find those answers.

Our task force has brought together not just the so-called experts, not the specialists, because we view alcoholism not so much as a rare or special problem, but rather one that cuts across the entire social and economic spectrum of our population. For that reason, the task force is comprised of representatives of education, state government, labor and industry, religion, the liquor industry, private enterprise, the military, and the specialists themselves. They are persons who

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can view alcoholism not in the narrow context of finding fault or fixing blame, but rather in the broader spectrum of total society and the daily living experiences in which alcohol abuse is such a recurring event.

We intend to do more than wring our hands and shake our heads. We intend to develop the kind of public awareness which invites, and does not discourage, solutions. And we intend to mobilize the kind of resources that can focus positive concern and constructive effort toward the problem, rather than the negativism of pity or shame.

Perhaps the most fundamental point of difference between our and the more traditional approaches to the problem is the fact that we are going to focus our attention toward the prevention rather than the treatment, phase of alcoholism.

Prevention of alcoholism, of course, is rooted in the ability of our task force, and our society, to understand the psychological, physical and sociological causes that result in alcoholism. For us to seek solutions to alcoholism, we must first understand the problem. And for us to understand alcoholism in America today, we must understand the totality of our society.

Alcoholism today has become the nation's number one drug and health problem. It is the number one killer on our streets and highways in traffic accidents. It erodes from within the core of our society our very essence. And yet ironically, we have been so long in recognizing it and so futile in dealing with it.

Part of that problem, of course, relates to the victim himself. According to the Report of the President's Committee on Health Education, users of any service delivery system must be motivated to become actively involved in their own health education and share responsibility with those who provide services. Nowhere is that factor any more accurate than in the field of alcoholism. Because of the great stigma that has been attached to the problem over the years, persons conceal their problem, or at times do not even recognize it themselves. For us to deal with the problem, we must first recognize it; and for us to recognize it, we

must bring it out of hiding and expose it to the light of day. If one of the causes of alcoholism is ignorance or prejudicial judgment by society, then we should begin educating children at an early age to the facts, to the realities that await them.

We must further examine what I referred to as the breeding ground of alcoholism, the daily living experiences that carry the citizen into a relationship with alcohol. Involvement must be solicited from the family, religious groups, the media, business and industry, and perhaps the more obvious agencies such as health and social welfare systems. There must be an interaction, a constant communication and an effective level of coordination across these disciplinary lines so that one entity supports the other. For example, a problem originally perceived as an educational matter may, in fact, contain health, employment and legal elements.

All too often in today's approaches we find a breakdown between perception of the problem and effective treatment. It results in institutional blind alleys which often only aggravate the problem further and carry the victim even further away from help and assistance.

Much of our work will be spent viewing the psychological – the internal – causes and approaches to the problem. At the same time, we will be examining the external – the visual – factors involved. We will look at the regulatory approach to primary prevention, including legal controls, police authority, advertising controls and others.

The educational system affords yet another instrument by which attitudes may be reshaped. Both formal and informal agents are effective in this regard, whether we are talking about schools, colleges and universities, or the family, peer groups, discussion groups and community leadership. All too often, we forget that education is a process not limited to a certain place and a certain time. It should be a constant process by which we are exposed to ideas, opinions and information.

We shall strive to produce within definable goals and expectations an approach that is usable to all of you. We have set for ourselves three basic goals: (1) the identification of prevention strategies, (2) the recom

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mendation of alternative prevention strategies to the states and (3) the description of feasibility and implementation steps for the strategies.

Our challenge is to structure a delivery system so that prevention services can be transmitted through educational systems in the states. With the kind of leadership and resources represented here in this meeting, all of us have to be encouraged that we are, at last, on the right track. I firmly believe that we are moving in the right direction and that we can, within the near future, make substantial and measurable progress toward reducing the problem of alcoholism in our nation.

DRUGS—THE ANSWER IS LOVE

Kenneth Blum, Ph.D.
Assistant Professor of Pharmacology
University of Texas Health Science Center

If we assume that the drug dilemma is but a symptom of a more serious condition, "the people problem," then any textbook on the subject must include information on people.

People must be loved by people and must have people to love to be happy. This is what I believe. Love needs love, warmth needs warmth, feelings need feelings and, finally, emotions need emotions.

To feel is the thing that makes love, love. Without real deep-down feelings among people, you have hollowness, you have emptiness, you have void and you have nothing. So reach out; be among those who know how to feel and be felt.

On the subject of feelings, there are three types of people that one could categorize. There are the "heart" feelers, there are the "head" feelers, and there are the "non-feelers."

Are there really any "heart" feelers? To begin with I believe that we all are "heart" feelers. We have all experienced some personal thing that makes us feel either sad or happy about ourselves. The "heart" feelers feel a death, feel a rejection, feel love, feel the closeness of another person.

But what about the "head" feelers? They are not so abundant. These are people who look at someone else's problem and attempt to understand what that person is experiencing. They will lend support and assistance to others if they are asked for it. One cannot experience real "heart" feelings when very specific and personal things are concerned. For example, how could I know how it feels to live in a rat-infested house if I never lived in one? However, if I were a "head" feeler, I could at least appreciate the fact that someone out there lives in such a condition. I might say to that person out there, "I really don't know how you feel, but please help me understand it; teach, tell me; and if I can, let me help you."

Who are the "non-feelers" and what do they feel? They feel nothing. They are strong (probably only as a defense mechanism). They are fearless and do not want to be bothered. In looking at the rat-infested situation they might say, "Isn't it terrible – thank God it's not we living out there with the rats. I worked for what I have, and no one ever gave me anything so leave me alone; don't tell me about it because I really don't want to know. Anyway, I have my own problems; who needs to know about yours?" Yes, these are the people that the "head" feelers must look at and try to understand, but once they do understand them they must attempt to make "head" feelers out of "non-feelers" if it is possible.

It is my opinion that the curtailment of the number of people abusing drugs could come about by reducing the number of "non-feelers" in every community, city, state and, hopefully, in the world. I believe that the "non-feelers" along with their "I don't care attitude," their egotistical nature, their racist point of view and their "sock it to them" ideology induce others to abuse drugs.

Drug abuse is nothing more than an environmental problem, discounting biochemical proneness. Assuming that this be the case (an over-simplification of the problem), then my thesis is that as the number of loving, caring and warm human beings (the "head" feelers) decreases, there will be an increase in drug abuse. The converse is also true: as the number of "head" feelers increases, thus reducing the number of "non-

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feelers," there should be a concomitant reduction in the amount of people abusing drugs. What I am trying to say is simply that we, the people, can "turn on" our friends, can elicit great confidence and help our friends; and we can give loving kindness to our friends, brothers and sisters.

Thus, society must, through the use of education and parental guidance, teach young people to become what I have termed the "head" feelers and teach them to give loving kindness and pleasure to others, because that is what we all need to survive. Let "the people" become the drug. Let the people become the inducers of pleasure. Finally, by increasing the number of these "head" feelers or pleasure inducers with a concomitant reduction in the "non-feelers," the drug inducers we shall overcome. Although this approach seems very ideological, it can be accomplished only when the training of the "head" feeler begins at the baby's first breath.

LEGAL ISSUES IN THE SCHOOL'S CONTROL OF DRUG ABUSE

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The abuse of drugs by students in school has been well documented; and the damage this abuse does to the student, other students and the entire community is well known. I will focus on the legal issues involved when the school seeks to search students suspected of possessing prohibited drugs and to expel them for use or possession of drugs.

First, let us look at searches of students and the Fourth Amendment. Neither the U. S. Supreme Court nor the federal courts of appeal have decided any cases directly governing the Fourth Amendment rights of public school students. Almost all the cases I have reviewed come from state courts and have no value as precedence in other jurisdictions. The law as it relates to the balancing of students' constitutional rights and the state's interest in maintaining order and discipline

in the public school is very fluid and has changed rapidly in recent years. The courts now recognize that the Fourth Amendment does protect students from "unreasonable" searches by school officials, but in defining "reasonableness" the courts have usually struck the balance in favor of order and discipline in the schools. Still, it is clear that students do not shed their constitutional rights at the schoolhouse gate.

In developing regulations governing searches of students and their property, school officials should attempt to protect the students' right to privacy. Where the regulations govern searches of jointly controlled property, such as lockers or carrels, students should be made aware that the property is subject to periodic administrative searches for contraband and that school officials reserve the authority to consent to a search of such property by law enforcement officers. When possible, the student's consent to search should be obtained, and he/she should be present when property is searched. If the police seek permission from school authorities to search a student or his/her property for the purpose of obtaining evidence for a criminal prosecution, the school officials should require the police to obtain a search warrant, unless the search comes within one of the exceptions to the Fourth Amendment's search warrant requirements. Whenever school officials conduct a search, a witness should be present.

Only in exceptional cases would the observance of these safeguards interfere with the school officials' affirmative duty to maintain order and discipline in the schools and protect the health, safety and welfare of students in their charge. Because the consequences of an unlawful search may result in the inadmissibility of evidence in criminal or school proceedings and, possibly, civil or criminal liability for school officials, the incorporation of these safeguards in school policies would seem wise. Moreover, the consequences for students of school searches may be very severe (criminal penalties, expulsion or long-term suspension). In the other areas of student rights, courts have increasingly required that schools carefully observe procedural safeguards mandated by federal and state constitutions before subjecting students to such severe penal-

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ties. In the area of search and seizure, it is not unlikely that the federal courts will subject school policies to similar scrutiny at some future time. By building these safeguards into school regulations, school officials can both teach students the values of our fundamental freedoms and avoid future conflicts in the courts.

Procedural due process requirements in student expulsion is another subject to discuss. "The history of liberty has largely been the history of observance of procedural safeguards." The issues of procedure just reviewed are primarily concerned with the student's liberty – his/her right not to be denied a public education unless accorded minimum standards of due process of law. Although many may consider these procedural requirements to constitute a serious interference with internal school discipline, constitutional standards are only requiring that students be treated fairly and granted the type of procedure in expulsion cases that school administrators would demand for themselves if subject to a dismissal action. It should be emphasized that schools are not being denied full authority to regulate conduct calculated to cause disorder and interfere with educational functions. They are only being required to act fairly before they impose the severe penalty of expulsion.

In order to minimize disruption of school operations and to comply with the changing nature of due process in the area of student discipline, I recommend that schools do these things:

1. Adopt a grievance procedure for students.
2. Adopt written regulations on student conduct. These regulations should specify the potential penalty for a violation. They should be worked out in consultation with principals, who should have a checklist of things to do before they take action. When completed, the regulations should be made public and widely distributed.
3. Adopt written procedures for handling discipline cases.
4. Develop an emergency plan to deal with school disorders.

If these actions are taken and the procedure used to deal with students is basically fair, schools need have

little concern over their disruption from the application of concepts of due process.

Times change. The absolute control exercised by school boards and school administrators over the operation of schools is gone. We have a new ball game, with part of the power once held by boards and administrators now held by teachers and students. We need to recognize this fact and then ask ourselves in what ways our relationships with students, parents, teachers, administrators and non-school agencies have changed, so that we are not fooled by our own rhetoric as we work with these groups to make our schools more responsive to community needs and to produce a graduate better trained to accept responsibility in today's society.

THE SIGNIFICANCE OF CONTROLLING ALCOHOL AVAILABILITY IN ALCOHOLISM PREVENTION PROGRAMS

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The Addiction Research Foundation of Ontario, like many other agencies in the field, has been much concerned with the continuous and worldwide increase in the prevalence of alcoholism. In our view this trend is attributable to a growing acceptance of alcohol use in everyday social life, to the declining cost of alcohol relative to disposable income, to a lack of public awareness of the health consequences of increased consumption, to erroneous beliefs as to the nature of so-called civilized drinking and to the continuing liberalization of alcohol control policy on the part of many governments.

Accordingly, we have proposed to the Ontario government the following:

1. A taxation policy which maintains a reasonably constant relationship between the price of alcohol and levels of disposable income (income after taxes) in the province. For example, if disposable income per capita rose five per cent in a year, then the price of each alcoholic bev-

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erage offered for sale would be increased by that percentage.

2. A moratorium on further relaxation of alcohol control measures and the adoption of a health-oriented policy with respect to such measures. Essentially, this would mean that future proposals to change legislative or other provisions governing the marketing and distribution of alcoholic beverages would be tested against a health objective, namely, the prevention of further increases in the prevalence of alcohol problems. The relevant question would become: Are the proposed changes likely to contribute to higher consumption levels and therefore to an increase in health costs?

3. An education program designed to increase public awareness of the personal hazards of heavy alcohol consumption, the economic and other consequences for society of high consumption levels and the potential public health benefits of appropriate control measures.

Incidentally, similar proposals have been incorporated in the recent report of the World Health Organization (WHO) Expert Committee on Drug Dependence. Specifically, this committee recommended "that WHO give early consideration to inviting governments:

1. "To give special attention to the extent and seriousness of the individual, public health and social problems associated with current use of alcoholic beverages in most countries in the world and the widespread trend to higher levels of consumption;

2. "To examine closely the magnitude of the human and financial, direct and indirect, costs of alcohol-related health and social problems as compared to the revenue (profits and taxes) related to the production of alcoholic beverages;

3. "To review, in those countries where the sale of beverage alcohol is permitted, current policies with respect to taxation or other means of controlling prices, with a view to gradually increasing the cost of such beverages in relation to the average purchasing power of the people;

4. "To consider the elimination of mass media advertising of alcoholic beverages in the interest of helping to reduce alcohol-related problems."

In recent years alcohol consumption levels have risen significantly in many countries. These worldwide trends were much facilitated by:

1. A rapid diffusion of a wide variety of alcohol use patterns into societies which had traditionally low levels of consumption. For instance, in many societies where alcohol use was largely restricted to a few social occasions and involved only one or two of the major types of beverage alcohol, we find that alcohol use now occurs more frequently and involves all the major types of beverage alcohol.
2. The more efficient production and marketing of alcoholic beverages following numerous mergers and the subsequent disappearance of many of the smaller breweries and distilleries.
3. A tendency on the side of many governments to relax control measures has also contributed significantly to current trends in consumption.
4. The gradual decrease in the relative cost of beverage alcohol in recent years is probably one of the most important factors explaining the rising levels of consumption.
5. Finally, the well-publicized suggestion by scientists and educators that volume of consumption and the degree of availability of beverage alcohol are of little etiological significance in alcohol problems.

Against this background of rapidly rising levels of alcohol consumption throughout the world, a vast amount of evidence has now accumulated that suggests that these increases invariably lead to very high alcoholism rates. Specifically relevant is the well-documented observation that in every population, the increases and decreases in the rates of low and medium consumption are inevitably accompanied by changes in the rates of excessive consumption.

At the Foundation, we do recognize that in the present atmosphere of growing acceptance of drinking in

North America, radical attempts to restrict availability of alcohol would carry costs that could well outweigh prospective benefits. Although we feel a health-oriented alcohol control policy should be adopted in principle, a great effort should be expanded first on a vigorous alcohol education program designed to inform the public about the inevitable consequences to health of rising consumption levels. In the course of this program it will be necessary to deal effectively with several conflicting educational messages to which the public is now exposed.

For example, there is the suggestion that heavy alcohol consumption by alcoholics is symptomatic of some disorder peculiar to them. Accordingly, legal measures that seek to control the prevalence of alcoholism by restraining overall consumption are not relevant. This point of view is particularly favored by spokesmen for the alcoholic beverage industry.

Another example of a conflicting educational message is the suggestion that alcohol problems are rooted in the mysticism associated with alcohol use, in the ambivalent attitude toward drinking. Thus, young people should be introduced to alcoholic beverages at an early age so that they may learn to drink moderately and come to regard the activity as of no greater significance than eating. Restrictive control measures are seen both as reinforcers of an unhealthy ambivalence toward drinking, and as impediments to the adoption of so-called healthy drinking styles.

It seems to us that these messages express undue concern with the problem of intoxication, with the etiological significance of drinking to reduce anxiety, and with having an ambivalent attitude toward alcohol use. They fail to take into account that in countries exemplifying a high degree of integration of so-called healthy drinking styles into daily living, high levels of alcohol consumption, of alcoholism and of alcoholism-related mortality and morbidity do exist. Or that in countries such as Ireland, where utilitarian drinking (drinking to relieve emotional or physical discomfort, to get drunk) is highly prevalent, alcoholism rates are low.

We are well aware that it is a very difficult undertaking to alter the public perception of the harms/bene-

fits balance with respect to alcohol use so that legal restraints on alcohol availability can be accepted as necessary public health measures. However, the magnitude and impact of the alcoholism problem, and particularly alcoholism-related mortality and morbidity, is such that some way to halt or reverse the current trends toward higher levels of consumption and higher rates of alcoholism must be found.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM ADDRESS

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Our second special report on alcohol and health, *New Knowledge*, was given to Congress recently by the secretary of the U. S. Department of Health, Education and Welfare. As you will find out from this report, alcoholism, in spite of the programs that have been initiated throughout the course of the past three years, is still on the increase. At the time of our last report, it was estimated that there were more than 9,000,000 identifiable alcoholics in our nation. The new report shows that that figure has increased to 10,000,000.

Those are the people who can be identified; those are not the hidden alcoholic people whom we do not know about. They are not the young people who, indeed, may be abusing alcohol and may be in the first stages of alcoholism. These are the youths to whom we need to be addressing our attention.

All of a sudden we find things such as the fact that youngsters are turning away from other drugs and are turning to alcohol. Also youngsters are using other drugs and alcohol which may, in many instances, be extremely dangerous. Why have these youngsters who had chosen the street drugs and amphetamines, the other things that we had heard so much about over the past four or five years, decided to take on alcohol?

I think that education has had a great deal to do with it. As a matter of fact, I can cite some experiences where drug abuse education was introduced to students and, as a result, more kids started experimenting

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simply because alcohol was brought to their attention. I think you will find that some kids have decided that the other drugs are not the drugs to use for a number of reasons, such as: "You're not hassled as much if you drink alcohol and you happen to be stopped by a law enforcement officer. He's not so apt to throw the book at you as if you're busted with drugs." Another reason: "You find that street drugs are not so dependable as alcohol. For example, you can usually depend on getting your high to some degree by the use of alcohol as opposed to some drugs that may not even get you high, may make you sick or kill you." Also, I think there is indeed a change in terms of how kids perceive their parents and other adults who use alcohol in their community and have decided that it may not be that bad after all.

There is another kind of problem that concerns me regarding the prevention of alcohol and drug abuse other than just education, because what is education? I think that it may be defined differently for each person. I would like to define education as a viable life experience whereby, as a result of a certain thing happening to an individual, it does modify or perhaps change his/her behavior or impact upon values and decision-making processes.

But let us turn from education for a minute, which we in the society have made sort of a garbage disposal system for all of the things that we as adults in the community and in the home have not been willing to face up to. Let us take a look at some of the other kinds of things that impact upon our behavior as it is related to the consumption of alcohol in our society.

I think that for every state in the union, one will find substantial difference in the regulation and dispensing of alcohol. States are different; they have different needs; there are different systems of value within a given state. But one will find within some of the same states contradictory activity and regulations as they relate to how alcohol is to be used and dispensed.

One of the things that I have noted in most of the major cities is that within the confines of the older part of the city, the inner city, where one will often times find the poverty stricken, the disadvantaged, the

non-white population, it is very easy to find a liquor store regardless of what the regulations might be. Yet if one goes out a few miles away in the suburban area, it is often necessary to stop people on the street to find out where to purchase a bottle of alcohol. I wonder what that says to us in terms of regulation, contradiction and what we are doing to people who live within communities?

What about legislation? One finds that legislation takes on a myriad of different kinds of beliefs, different kinds of regulations. And perhaps the most neglected group of people who deal with alcohol as far as I am concerned happen to be political appointees with state alcoholism authorities or liquor control boards. They are usually individuals who are concerned with the business of dispensing for the industry with some control, but have very little to do with the welfare and quality of life in their state or community. That is not always the case, but I think one will find that there is a need for us who have state monopolies in the business of alcoholic beverages to begin addressing ourselves and our questions to our governors and to our state control boards as to how we regulate alcohol.

Another kind of legislation that is mind-boggling deals with legislation that mandates drug and alcohol abuse education. I have heard for years in another arena that one cannot legislate morality, yet I can show you a list as long as my arm of legislation mandating alcohol abuse and drug abuse education that talks about the moral issue of drug usage.

What teacher who really deals in reality wants to stand before a group of students talking about that which is evil? In the particular school district where I worked, the only relationship it had to the inner city was the per capita consumption of alcohol of the two state liquor stores, the one in that suburban community where I worked and the one in the inner city. They bought about the same amount of liquor. And the biggest major problem identified in that particular suburb, not only among youth, but housewives and husbands, was the per capita abuse of alcohol. Can you imagine a teacher standing before a group of youngsters from an economically privileged community — made up of the individuals who establish policy and

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have a great impact upon the lives of people in that state – telling these youngsters it is evil to drink alcohol? How long would the teacher last in that school system?

These are the kinds of contradictions that occur when one considers the prevention of alcohol abuse. I probably can be misunderstood for this next statement, but I think it is one to think about. There are certain environments in which I would be very concerned about taking away alcohol before taking into consideration some other kinds of things that need to be brought into that community. I think it behooves us at the federal level and certainly people in leadership positions not only to be looking narrowly at alcohol, but to be looking at what else is needed in a specific community.

I am a teacher. I look forward to the day when I can afford to return to the classroom. And I believe that if we are really going to deal with alcoholism, we have got to deal with a lot of other kinds of things that occur in schools. Anybody who thinks about developing a curriculum and providing training to teachers – time to train and time to teach – without addressing all of the other things that are occurring in the lives of kids in the school setting, is flying in the face of reality. There is no way in the world that we can compartmentalize education. Education is a continuum that begins at the beginning. Most of the kids I know who have ever stepped into a school setting have learned most of the important things before they ever got to school.

What I am saying is this: Maybe we have got to use the resources of the Institute and other places to really address ourselves to the entire environment in which kids learn. We have some programs going on; we have some resources that may be of assistance, but we do not have all the answers. That is why we are here: to learn from you, to share information and experiences and to work together in developing recommendations on what can and should be done to prevent alcohol and other drug problems.

V. SUMMARY OF INQUIRY PROCESS

The material included in this document is representative of a large body of information that is being collected by the Education Commission of the States Task Force on Responsible Decisions about Alcohol. Over a two-year period, the task force will be soliciting information – through national inquiries, conferences, state meetings and other processes – to prepare reports for the states on recommendations of alternatives for planning and implementing state educational programs for the prevention of alcohol abuse and alcoholism in light of the stresses of everyday living.

The contributions of participants from Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee and Texas enabled this publication to be prepared.

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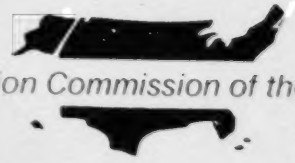

Education Commission of the States

The Education Commission of the States is a nonprofit organization formed by interstate compact in 1966. Forty-seven states and territories are now members. Its goal is to further a working relationship among state governors, legislators and educators for the improvement of education. The Commission offices are located at 300 Lincoln Tower, 1860 Lincoln Street, Denver, Colorado 80203.

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